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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15550

State File No.

FILED MAY 15 1944

Registration District No. 270

Primary Registration District No. 5986

Registrar's No. 64

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town XXXXXX Rural Tavern Town ship
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life _____ (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pulaski 85
(c) City or town Rural Tavern Towns Ship
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Harrold Thornsberry
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 23
year 1944 hour 10 minute 0 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 29, 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 20, 1944, to April 23, 1944;
that I last saw him alive on April 21, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death: Status lymphaticus Duration 2 days

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>5</u>	<u>24</u>	hr. _____ min.

Due to _____
Due to _____

9. Birthplace Pulaski Co. Mo.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation _____

Major findings: Of operations 64 Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
MOTHER FATHER { 12. Name Norman Thornsberry
13. Birthplace Miller Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Marcie Peterson
15. Birthplace Pulaski Co. Missouri
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Norman Thornsberry
(b) Address Crocker, Mo.
17. (a) Burial (b) Date thereof 4/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethlehem Cem.
18. (a) Signature of funeral director J. L. Hoops & Sons
(b) Address Crocker, Mo.
19. (a) MAY 6 1944 (b) Chas M Wood
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature John A. Mihalovich (M. D. or other) D.O.
Address Crocker Date signed 4-24-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1170

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Paul B. Hoop*
Licensed Embalmer No. *3261*
P. O. Address..... *Crocker, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.