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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17751

FILED APR 20 1944

Registration District No. 12

Primary Registration District No. 5239

Registrar's No. 1

1. PLACE OF DEATH:

(a) County: Cedar

(b) City or town: Rural-Linn Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XXXXX
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: XXX (Specify whether years, months or days)

In this community: XXXXX

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cedar

(c) City or town: Rural-Linn Township
(If outside city or town limits, write "RURAL")

(d) Street No.: XXXX
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: XXX

3. (a) PRINT FULL NAME: William Harrison Thornton

3. (b) If veteran, name war: World War I

3. (c) Social Security No. 493-14-0457

4. Sex: Male

5. Color or race: white

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Cleo Thornton

6. (c) Age of husband or wife if alive: 44 years

7. Birth date of deceased: December (Month) 23, (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	3	3	XXXXXXX min.

9. Birthplace: Stockton, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: XXXX

FATHER
12. Name: Richard Thornton
13. Birthplace: Stockton, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Sanders
15. Birthplace: Stockton, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Cleo Thornton
(b) Address: Stockton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-28-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Stockton Cemetary

18. (a) Signature of funeral director: Church and Neale
(b) Address: Stockton, Missouri

19. (a) 4-13-44 (Date received local registrar) (b) Mrs Lethel Church (Registrar's signature)

1298 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March 26 day: March year: 1944 hour: 1 P.M. minute: M.

21. I hereby certify that I attended the deceased from April 1943, 19..., to March 26, 1944, that I last saw him alive on March 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral regurgitation	2 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: —

Of autopsy: none

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or other): DO

Address: Stockton Mo. Date signed: 3-30-44

FEB 1 1945

MAY 12 19

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton,

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

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