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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24389

Registration District No. 62 Primary Registration District No. 4108 Registrar's No. 6

1. PLACE OF DEATH:
(a) County: Cedar
(b) City or town: Stockton, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXX
(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) 1
In this community: XX

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO. (b) County: Cedar 20
(c) City or town: Stockton, Missouri 0
(If outside city or town limits, write "RURAL")
(d) Street No.: XXX 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: XX 0

3. (a) PRINT FULL NAME: "BABY" THORNTON
3. (b) If veteran, name war: XX
3. (c) Social Security No.: XXX
4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: single 0
6. (b) Name of husband or wife: XXX
6. (c) Age of husband or wife if alive: XX years
7. Birth date of deceased: June 26, 1944 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	0	3 hr. 0 min.

9. Birthplace: Stockton, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: XXXXXX
11. Industry or business: XXXXXX
MOTHER FATHER
12. Name: Hubert Thornton
13. Birthplace: Stockton, Missouri 0 (City, town, or county) (State or foreign country)
14. Maiden name: Wanda Tennis
15. Birthplace: Stockton, Missouri 0 (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: 6-27-1944 (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) 7-1-44 (Date received local registrar) (b) Mrs Ethel C. Church (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1944 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 26, 1944, to June 27, 1944 that I last saw him alive on June 26, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Collapsed lung — Duration: 1 hr.
Due to: incomplete lung expansion at birth
Due to:
Other conditions (Include pregnancy within 3 months of death): 16 1a
Major findings: Of operations:
Of autopsy:

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)
Address: Stockton, Mo. Date signed: 6-28-44

12 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 6-44-810
Date Filed 7-10-44

Did Not Embalm - This Baby

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 Clemence

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 with the above constitutes grounds for revocation of license.)

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