

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 8 1944
Registration District No. 341

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28952
Registrar's No. 42

Primary Registration District No. 6152a

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

1. PLACE OF DEATH:
(a) County Stottard
(b) City or town Dudley rural
(c) Name of hospital or institution: St. Liberty
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED: 103
(a) State MO. (b) County 0
(c) City or town Dudley
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes/No)
If yes, name country _____

3. (a) PRINT FULL NAME Calvin Monroe Thornton
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 15
year 7:00 hour 1:30 minute A.M.
21. I hereby certify that I attended the deceased from JUNE 21, 1944
19____ to 19____
that I last saw h. _____ alive on 19____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Jessie Thornton
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased aug 5 1870
(Month) (Day) (Year)

Immediate cause of death Left Ventricular Failure
Due to Chronic Myocarditis years
Due to _____

8. AGE: 73 Years Months 11 Days 10
If less than one day hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
932
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Ill.
(City, town, or county) (State or foreign country)
10. Usual occupation Contractor
11. Industry or business _____
MOTHER FATHER { 12. Name Fred Thornton
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Jane Craig
15. Birthplace _____
(City, town, or county) (State or foreign country)
16. (a) Informant Jessie Thornton
(b) Address Dudley, Mo.
17. (a) Burial (b) Date thereof July 17, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burial Christian Cem.
18. (a) Signature of funeral director W. H. Kelly
(b) Address Beagard Ark.
19. (a) Sept. 1 - 44 (b) Nora Smith
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Gordon Thompson M.D. or other _____
Address Frank Mo. Date signed 7/29/44

RECEIVED

District Health Office No. 2,

District File Number 944-1187

Date Filed 2-6-44

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

John Casner

Licensed Embalmer No. 2912

P. O. Address.....

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.