

FILED DEC 22 1944

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2406 Guinotte
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2406 Guinotte
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Thornton
(b) If veteran, name war No
(c) Social Security No. NO

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
(b) Name of husband or wife John Thornton
(c) Age of husband or wife if alive years
7. Birth date of deceased 11-25-1871 June 15, 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 22
If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {
12. Name Mitchell
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lönnie Thornton

(b) Address 2406 Guinotte

17. (a) Burial (b) Date thereof 12-11-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City

19. (a) 12-9-44 (b) N.E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 7
year 1944 hour 3:12 P.M. minute 10 P.M.

21. I hereby certify that I attended the deceased from 12-6-44
1944 to 12-7 1944
that I last saw h. E.A. alive on 12-7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Tubercular Pneumonia
Duration _____

Due to Confinement to bed & fractured left radius
Due to General debility

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

Major findings: 186a-5
Of operations 18
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) Accident 123

(b) Date of occurrence 11-10-44

(c) Where did injury occur? K.C. Jackson Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home
While at work? no (Specify type of place) Means of injury fall

22. Signature Charles H. Hinkle (M. D. or other) D.O.
Address 2717 Locust Date signed 12-8-44

Dr. Himmeler

2717 Rochester

1/30 P.M. Friday

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 J. A. Himmeler
Licensed Embalmer No. 35-99
P. O. Address Dr. C. M.

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.