

S. No. 2
OM-8-43
v. 5-17-39
I X37823

14674

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 9 1945

Registration District No. _____

Primary Registration District No. 4472

Registrar's No. 4

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

1. PLACE OF DEATH
 (a) County Saline Slater
 (b) City or town _____
(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 _____
years, months or days

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of ~~widow~~ wife Nelle Thornton 6. (c) Age of husband or wife if alive 7 years
 7. Birth date of deceased September 29 1888
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>56</u> | <u>5</u> | <u>11</u> | hr. _____ min. _____ |

9. Birthplace Near Slater, Saline Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Grace Thornton

13. Birthplace Near Slater, Saline Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Leta Davis

15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clem Thornton

(b) Address Slater Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-45
(Month) (Day) (Year)

(c) Place: burial or cremation: Concord near Jones, Saline

18. (a) Signature of funeral director Slater, Mo

(b) Address _____

19. (a) _____ (Date received local registrar) (b) Mrs. John Gigu (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Saline
 (c) City or town Slater 97
(If outside city or town limits, write "RURAL")
 (d) Street No. 50 1/2 Blackstone
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
 year 1945 hour 10 minute 10 M.

21. I hereby certify that I attended the deceased from 2-15-1943 to 3-11
 that I last saw him alive on 3-11
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of bladder with metastasis to prostate liver and lungs.
 Duration 2 years +

Due to _____
 Due to _____

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

Major findings: _____
 Of operations: Biopsy
 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 O. G. McJannet
 Address Slater, Mo Date signed 3/13/45

1211

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5/8/45

MAY 1 1945

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

Jan Jones

Licensed Embalmer No. 3143

P. O. Address State, Ind

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.