

S. No. 2
OM-2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 11 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16598

State File No. _____

Registration District No. 62

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 XXXXXX (Specify whether
In this community XXXXXX years, months or days)

3. (a) PRINT FULL NAME BABY THORNTON

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXXX

4. Sex MALE

5. Color WHITE race

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife XXXXXXXX

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

7. Birth date of deceased May 2, 1945
(Month) (Day) (Year)

8. AGE:	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If less than one day <u>4</u> hr. <u>XXX</u> min.
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9. Birthplace Stockton, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation XXXX

11. Industry or business XXX

12. Name Hubert Thornton

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

14. Maiden name Wanda Tennis

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

16. (a) Informant Hubert Thornton

(b) Address Stockton, Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof May 2, 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Old Union

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address STOCKTON, MISSOURI

19. (a) 6-6-45 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

Missouri cedar 20

(a) State _____ (b) County cedar 20

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

(d) Street No. XXXXXXXX (If rural, give location)

(e) Citizen of foreign country? XXNo (Yes or No)
If yes, name country XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1945 hour 9 minute A M.

21. I hereby certify that I attended the deceased from Birth
May 2, 1945 to May 2, 1945
that I last saw him alive on May 2, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pericardial effusion
2 1/2 months

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 15

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? _____

While at work? _____ (Specify type of place) _____ means of injury _____

23. Signature [Signature] (M.D. or other)

Address Stockton, Mo. Date signed 5-3-45

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

20
6
0

RECEIVED

District Health Officer No. 74

District File Number 5-45-538

Date Filed 6-9-45

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 C. W. Neale

Licensed Embalmer No. 3335

P. O. Address Stoughton

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.