

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

no. 10

State File No. 40709

FILED JAN 3 1945

Registration District No. 46

Primary Registration District No. 4063

Registrar's No. 11

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Hamilton
(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 years, months or days)
In this community 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Caldwell 13
(c) City or town Hamilton (If outside city or town limits, write "RURAL") 1
(d) Street No. 101 Ardinger (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Caroline Ann Steen Thornton
3. (b) If veteran, name war - 3. (c) Social Security No. -
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James Orr Thornton 6. (c) Age of husband or wife if alive - years
Birth date of deceased Apr 1 1871 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 10 year 1945 hour 9 minute 30 P. M.
21. I hereby certify that I attended the deceased from November 8 1945 to November 10 1945; that I last saw her alive on November 10 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 3 days
Due to Coronary Arterio-Sclerosis 4 yrs +
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy

8. AGE: Years 74 Months 7 Days 9 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Silbert Steen

13. Birthplace Not known (City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant J. E. Thornton

(b) Address Hamilton, Mo.

17. (a) Burial (b) Date thereof Nov-13, 1945 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem. Hamilton Mo

18. (a) Signature of funeral director Bran 7 Home

(b) Address Hamilton Mo

19. (a) Dec 4/45 (b) Gladys Jones (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 9
23. Signature Herbert R Booth (M. D. or other) MD
Address Hamilton Mo Date signed 11/29/45

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

FEB 17 1947

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.....

R. J. Brown

Licensed Embalmer No. *3052*

P. O. Address.....

Hamilton Mo.

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..