

**FILED** JAN 25 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 824 Jules St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE-BYRON-THORNTON

3. (b) If veteran, name war No 3. (c) Social Security No. unk

4. Sex Male 5. Color or race Wh  
6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Viola 6. (c) Age of husband or wife if alive ? years  
7. Birth date of deceased April 14 1900  
(Month) (Day) (Year)

8. AGE: Years 45 Months 8 Days 25  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Welder

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name G. B. Thornton  
13. Birthplace Near Clarkdale Mo.  
(City, town, or county) (State & foreign country)  
14. Maiden name Viola C. Neeks  
15. Birthplace St. Joseph Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. Thornton

(b) Address 13. St. Joseph Mo

17. (a) B. (b) Date there Jan 14 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph

18. (a) Signature of funeral director St. Joseph Funeral Home

(b) Address St. Joseph Mo

19. (a) Jan 14 1946 (b) G. B. Neekel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 9  
year 1946 hour 6 P. minute \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from  
January 4, 1946 to January 9th 1946  
that I last saw him alive on Jan 9th 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Congestive heart failure over 4 day  
Due to Mitral stenosis over 7 yrs  
Hypertrophy of heart over 7 yrs  
Due to \_\_\_\_\_

Other conditions chronic nephritis unknown  
(Include pregnancy within 3 months of death)

Major findings: Of operations none  
Of autopsy none YES 12/15  
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) NO  
(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 W. M. Zottelher M.D.  
Address Social Welfare Board 1 Date signed 1/11/46

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

201

~~Dr. ...~~  
~~... Bldg.~~  
Welfare Board

JAN 29 1949

**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 Roy Stoney*  
..... Licensed Embalmer No. *2435*  
..... P. O. Address *St Joseph*

**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.**