

FILED OCT 11 1948
Registration District No. **27**

Primary Registration District No. **3003**

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

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Butler, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Butler Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether)

In this community Life -
years, months or days

3. (a) PRINT FULL NAME Laura Anna Thornburg

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~~

6. (b) Name of husband or wife Orlando Thornburg

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased August 3 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>1</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Issac Wainscott

13. Birthplace no record 9
(City, town, or county) (State or foreign country)

14. Maiden name Sara Payne

FATHER { 15. Birthplace no record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Spears

(b) Address Butler Mo

17. (a) Burial (b) Date thereof Oct. 1, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Johnston Cemetery

18. (a) Signature of funeral director John Underwood - Boath

(b) Address Butler, Mo.

19. (a) Oct 1 - 1948 (b) Kendall Kersey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7

(c) City or town Butler, Mo. Rt. 1 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
year 1946 hour 11:22 minute P M.

21. I hereby certify that I attended the deceased from Sept 28th 1946 to Sept 30th 1946
that I last saw her alive on Sept 30th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Chancroid of Stomach

Due to _____

Due to _____

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

Major findings: H6 B

Of operations _____

Of autopsy _____

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? 1

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

23. Signature H. D. LaHue (M. D. or other) MD
Address Butler, Mo Date signed 10-1-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

DEPT.

No. 7,

FILE

9-16-46

Date Filed

10-10-46

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 G. Henderson
Licensed Embalmer No. 3585
P. O. Address Butler, 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.