

Registration District No. **187**

Primary Registration District No. **4302**

Registrar's No. **129**

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

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life-time years, months or days

3. (a) PRINT FULL NAME SOUTHERLAND E THORNE

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 husband or wife Winnie Thorne

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased 3 (Month) 8 (Day) 1868 (Year)

8. AGE: Years 78 Months 7 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Linneus MO (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Samuel Thorne

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

14. Maiden name Nellie Southland

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

16. (a) Informant Joe Thorne

(b) Address Chula Missouri

17. (a) Burial (b) Date thereof 10-27-1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plain View

18. (a) Signature of funeral director V. J. Robertson

(b) Address Farido mo

19. (a) Oct 26-46 (b) Frances B. Neill (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59

(c) City or town Chula 0
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25
year 1946 hour 6 PM minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 1946 to Oct 25 1946
that I last saw h. alive on Oct 24 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 yrs

Due to _____

Due to _____

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

Major findings: Of operations gad 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) (e) Means of injury _____

23. Signature J. Neill (M. D. _____) Address Newton mo Date signed 10/26/46

HEALTH OFFICE
CAMERON, Mo.

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.....

Lutherland W. Thorsell....., Registered Apprentice No.....

working under my personal supervision.

Signed.....*V. J. Robertson*.....

Licensed Embalmer No. *2468*.....

P. O. Address.....*Fairfax, 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.