

No. 2
9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41672

State File No.

FILED JAN 13 1947
290

Registration District No.

Primary Registration District No. 4428

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Pulaski

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

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

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

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pulaski

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

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

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Lee Oattie Thornsberry

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Jessie Thornsberry

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased: Dec 15 1885
(Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 7
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

12. Name Ellis Thornsberry

13. Birthplace Miller Co Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Loretta N. King

15. Birthplace Miller Co Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Thornsberry

(b) Address Reckland Mo.

17. (a) Burial (b) Date thereof 12-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Hill

18. (a) Signature of funeral director W. D. Walker

(b) Address Reckland Mo.

19. (a) 1-2-47 (b) Jessie B. McClintock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1946 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 7
1946 to Dec. 22, 1946
that I last saw him alive on Dec. 21, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Hypertensive Duration 2 days

Due to Cardio-vascular renal disease 2 yrs.

Due to Arterial Sclerosis 10 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1311

Of autopsy no 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 W. D. Walker (M. D. or other) W. D.
Address Reckland Mo. Date signed 1-2-47

351 (Licensed Embalmer's Statement on Reverse Side)

W. D. Walker

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

MOTHER FATHER

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. B. Cooper

Licensed Embalmer No.....

3198

P. O. Address.....

Richland M

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.