

FILED OCT 14 1947

Registration District No. 273

Primary Registration District No. 5920

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Perry  
(b) City or town Wittenberg Mo.  
(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  
In this community.....  
years, months or days)

3. (a) PRINT  
FULL NAME

Finis

Thornton

3. (b) If veteran,  
name war.

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

Fleeta Thornton

6. (c) Age of husband or wife if  
alive. 62 years

7. Birth date of deceased.

December 10 1877  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

69

9

7

hr.

min.

9. Birthplace

(City, town, or county)

ILL.

(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name John Thornton

13. Birthplace

(City, town, or county)

ILL.

(State or foreign country)

14. Maiden name

Rebecca Tanner

15. Birthplace

(City, town, or county)

ILL.

(State or foreign country)

16. (a) Informant

Fleeta Thornton

(b) Address

Wittenberg Mo.

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

9-21-1947  
(Month) (Day) (Year)

(c) Place: burial or cremation

Marion ILL.

18. (a) Signature of funeral director

Young & Sons

(b) Address

Wittenberg Mo.

19. (a)

9-21-47  
(Date received local registrar)

(b)

Joseph Zeller  
(Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79  
(c) City or town Wittenberg 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17th  
year 1947 hour 11 minute 26 M.

21. I hereby certify that I attended the deceased from  
June 1, 1947, to Sept. 17, 1947  
that I last saw h. 11 a.m. alive on Sept. 17, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death.

Chronic Myocarditis

Duration

6 years

Due to

Arteriosclerosis

Due to

Other conditions

Corrosion of liver

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged stati-  
stically.

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

Neodora Fischer D. or other M.D.

Address

Wittenberg Mo.

Date signed 9-21-47

RECEIVED

District Health Officer No. 4

File Number 1047-13

10-13-4

OCT 14 1937

### 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 Charles Young

Licensed Embalmer No. 2138

P. O. Address Perryville, Md.

**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.**