

FILED OCT 21 1947

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 131

1. PLACE OF DEATH:

(a) County Franklin.
(b) City or town Washington.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days. (Specify whether
In this community 12 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
(c) City or town Washington 6
(If outside city or town limits, write "RURAL")
(d) Street No. 712 W. 8th St. 2
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th.
year 1947 hour 10:00 minute 05 P. M.

21. I hereby certify that I attended the deceased from 8 October
1947 to 12 October 1947.
that I last saw him alive on 12 October 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobar, bilateral, all lobes. 0
Duration

Due to _____
Due to _____

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

Major findings:
Of operations none 0
Of autopsy none 0

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? 0

While at work? _____ (Specify type of place) _____
(e) Means of injury _____ 0

23. Signature Raymond J. Boyce (M. D. or other) M.D.
Address Washington, Mo. Date signed 10/27

3. (a) PRINT FULL NAME Dewey Behler Thornhill.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-01-8789.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband~~ wife Margaret C. Thornhill 6. (c) Age of ~~husband~~ wife if alive 34 years

7. Birth date of deceased October 13th, 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 11 29 _____ hr. _____ min.

9. Birthplace Sullivan, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Const. Supt.

11. Industry or business Contracting.

12. Name Elias Grover Thornhill. 0

13. Birthplace Grubville, Missouri. 0
(City, town, or county) (State or foreign country)

14. Maiden name Matilda C. Behler,

15. Birthplace Grubville, Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret C. Thornhill

(b) Address 712 W. 8th St, Washington, Mo.

17. (a) Burial (b) Date thereof Oct. 16, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nelburg & Vitt, Inc.

(b) Address Washington, Mo.

19. (a) OCT 14 1947 (b) [Signature] (Registrar's signature) 0/1
(Date received local registrar)

MOTHER FATHER

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

MAR 9 1948
MAR 31 1948

RECEIVED
District Health Officer No. 9
District File Number
OCT 18 1947

OCT 28 1947

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.....

Jerome F. Swoboda
working under my personal supervision.

Registered Apprentice No. *441*

Signed *Lester A. Pitt*

Licensed Embalmer No. *3254*

P. O. Address *Washington, 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.