No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

40257

State File No. .....

FILED DEC 15 1947

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 11095

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

1. PLACE OF DEATH:
(a) County Dr Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 119 S. Beaumont
(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 Dr Louis 000 17
(c) City or town Dr Louis (If outside city or town limits, write "RURAL")
(d) Street No. 119 S. Beaumont (If rural, give location) 22
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME James Thornton
3. (b) If veteran, name war —
3. (c) Social Security No. 495-12-6317
4. Sex Male
5. Color or race Cl
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Aug (Month) 19 (Day) 1918 (Year)

8. AGE: Years 29 Months 3 Days ~~16~~ 6 If less than one day ..... hr. ..... min.

9. Birthplace Zettella (City, town, or county) Ga (State or foreign country)
10. Usual occupation Labor
11. Industry or business .....
FATHER
12. Name Benjiman Thornton
13. Birthplace Zettella (City, town, or county) Ga (State or foreign country)
MOTHER
14. Maiden name Lela Reed
15. Birthplace Zettella (City, town, or county) Ga (State or foreign country)
16. (a) Informant Lela Toles
(b) Address 119 South Beaumont
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director J H Randle & Son
(b) Address 3133 Bellave
19. (a) DEC 3 - 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25th year 1947 hour 2 minute 25 a M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cirrhosis of the Liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 3
23. Signature [illegible] (M. D. or other)
Address ..... Dy Cr Date signed 12/2/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis 8 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.