No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29614

Registration District No. 141 — Primary Registration District No. 3025 — Registrar's No. 33

1. PLACE OF DEATH:
(a) County: Howell
(b) City or town: West Plains, 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 years, months or days)
In this community: 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Howell
(c) City or town: West Plains
(If outside city or town limits, write "RURAL")
(d) Street No. 903 St. Louis Str.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Martha Frances Thornton
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: W. D. Thornton
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 7-17-1868 (Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 4 If less than one day hr. min.
9. Birthplace: Butler Co. Mo. U (City, town, or country) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: Geo. Donlee
13. Birthplace: Georgia (City, town, or country) (State or foreign country)
MOTHER
14. Maiden name: Williams
15. Birthplace: Ky (City, town, or county) (State or foreign country)
16. (a) Informant: Faye Buff
(b) Address: West Plains, Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof 6-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Thornton Cemetery
18. (a) Signature of funeral director: Robertson
(b) Address: West Plains, Mo
19. (a) Sept 8-1948 (Date received local registrar) (b) Beatrice Cook (Registrar's signature) 279

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 21 year 1948 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from May, 1944, to June 21, 1948; that I last saw her alive on June 20, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Epitheliomas of mouth, jaw & palate	
Metastases to liver	1948
Due to:	
Due to:	
Other conditions: Bronchitis	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations: 15 D
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: D

23. Signature: E. C. Bohrer (M. D. or other) MD
Address: West Plains Mo Date signed 7-3-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

E C Bohrer

RECEIVED 9-13-48
District Health Officer No. 5
District File Number 94857
9-14-48
Date Filed

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 L. A. Roberts

Licensed Embalmer No. 343

P. O. Address West Plains 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.