

FILED DEC 4 1942

State File No.

Registration District No. 57

Primary Registration District No. 5206

Registrar's No. 35

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

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Rural, Fairfield Twp.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Oliver Morton Thornburg
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month May day 12 year 1942 hour 9 minute 00 P.M.

21. I hereby certify that I attended the deceased from August 15 to November 12, 1942 that I last saw him alive on November 11, 1942 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married 1 divorced Married
6. (b) Name of husband or wife Effie May Hawkins 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased May 9 1872
(Month) (Day) (Year)

Immediate cause of death Chronic myo-carditis
Duration _____

8. AGE: Years 70 Months 6 Days 3 If less than one day _____ hr. _____ min.

Due to 928
Due to _____

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

Other conditions Hypertension, Chronic passive congestion, Arteriosclerosis, prostatic hypertrophy, cystitis, pyelitis
Major findings: _____
Of operations: none

10. Usual occupation Farming

11. Industry or business _____

12. Name Seth Thornburg

13. Birthplace Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Mahala Bookout

15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Oliver Thornburg

(b) Address Carrollton Mo. R.F.D. 1

17. (a) Burial (b) Date thereof 11-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cem.

18. (a) Signature of funeral director Stanley
(b) Address Carrollton Mo.

19. (a) Nov. 14 1942 (b) Mrs. Edgewood Smith
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Of autopsy not performed.

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 Raepe E. Hasbell (M. D. or other) _____
Address Northern, Missouri Date signed 11-13-42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-3-42

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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.