

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

19 County Cass  
Township Grand River  
City (No. ....) .....

Registration District No. 156  
Primary Registration District No. 5219

File No. 38836  
Registered No. 53 .....

**2. FULL NAME**

Lena Van Horn

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leslie Van Horn  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21 - 1902  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
30      2      9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home-maker  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonville Mo.

FATHER 13. NAME Chas Gundry  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockwell Mo.

MOTHER 15. MAIDEN NAME Dora Freeman  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Norris P. Wilson  
(ADDRESS) Butler, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland Cemetery DATE 12/31 1933

19. UNDERTAKER Ruggenburger Bros & Co.  
(ADDRESS) Harrisonville Mo.

20. FILED 12/31 1933 L. S. Gorman  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-30 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....  
I last saw h. .... alive on ..... 19..... Death is said to have occurred on the date stated above, at about 10:15 P.M.  
The principal cause of death and related causes of importance were as follows:

Accidental Burns Date of onset  
body destroyed, when home caught fire during the night

Other contributory causes of importance:  
Lena Van Horn & Norma Charles Van Horn, her baby, both burned to death in this fire

Name of physician ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 12-30 1932  
Where did injury occur? 1 mi. S.W. Harrisonville Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury burning home  
Nature of injury body burned beyond recognition

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....  
(Signed) Ernest Ruggenburger Coroner  
(Address) Harrisonville Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JAN 22 1933

