

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

2373  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Leedan Registration District No. 164  
 (b) Township Benton Primary Registration District No. 5229 Registered No. 214  
 (c) City Pittsburg, Mo (d) Street No. \_\_\_\_\_ St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

(a) Residence, No. MOHELIE VAN HORN 565 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jas Van Horn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22, 1859

7. AGE YEARS 78 MONTHS 5 DAYS 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work (engraver, bookkeeper, etc.) Housewife

9. Industry or business in which work was done, as sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2-1938 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Ohio

13. NAME Stephen Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Lavinia Woolen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) W. W. Sitton

18. BURIAL, CREMATION, OR REMOVAL PLACE Anna Cerna Cem DATE 1-18-38

19. FUNERAL DIRECTOR (ADDRESS) Jacob Spitz Long

20. FILED 1-26-38 Miss Mary Heiber Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-13, 1938, to 1-16, 1938

I last saw her alive on 1-16, 1938. Death is said to have occurred on the date stated above, at 10:00 P.M.

The principal cause of death and related causes of importance were as follows:

Endocarditis Chronic  
Coronary Sclerosis

Date of onset 1-2-38

Other contributory causes of importance: Q. anemipolator nephrotica

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify none

(Signed) C. H. Smith, M. D.

(Address) Pittsburg, Kansas

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.

RECEIVED  
BUREAU OF VITAL STATISTICS  
MISSOURI STATE BOARD OF HEALTH

21-7-69  
78-5-81  
38-1-83  
1753

78-5-81  
18-5-81  
21-7-69

STATEMENT BY LICENSED EMBALMER

79 Jan

I, W. P. Long, Licensed Embalmer No. 3714  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. P. Long  
L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed W. P. Long  
Licensed Embalmer No. 3714

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.)