REC'D APR 22 1938

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

Do not use this space. 12247

1. PLACE OF DEATH
(a) County Scott
(b) Township Morley
(c) City
Registration District No. 819
Primary Registration District No. 6068
Registered No. 1
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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. ds.

2. PRINT FULL NAME Lula Bessie Horshberger 621
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (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 Bernice J. Horshberger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1886
7. AGE: Years 51 | Months 9 | Days 9 | If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain Co. Mo U

FATHER
13. NAME John Tinder U
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain Co Mo U

MOTHER
15. MAIDEN NAME Emma Toalson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

17. INFORMANT (ADDRESS) B. J. Horshberger Vanduser, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Morley City Cem. Morley Mo DATE Apr. 2, 1938
19. FUNERAL DIRECTOR (ADDRESS) Bispinghoff & Hobbard Chaffee Mo.
20. FILED 4-8, 1938 Amy L. Boyce Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1938
22. I HEREBY CERTIFY, That I attended deceased from March 30, 1938 to March 30, 1938
I last saw h. alive on, 19. Death is said to have occurred on the date stated above, at 7:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolia	3/30/38
(Patient died just a moment before I saw her)	
Other contributory causes of importance: Hyperthyroidism 66 Yrs -	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 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
(Signed) H. A. Dyrenschef, M. D.
(Address) Sikeston, Mo.
728

(Licensed Embalmer's Statement on Reverse Side)

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

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.

BOM-7-5-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)