SEP 23 1938

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

29218
Do not use this space.

...CE OF DEATH

County Jasper 2 Registration District No. 417

Township Primary Registration District No. 3021 Registered No. 64

(c) City Webb City (d) Street No. 506 N. PENN. 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 Mrs. Mary C. Horne

(a) Residence, No. 506 N. Penn 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 Chas W Horne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 8 1875

7. AGE Years 63 Months 5 Days 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
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) Richwood Missouri

FATHER
13. NAME Francis Rodriguez
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

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

17. INFORMANT (ADDRESS) Chas W Horne Webb City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope Cem DATE 8/23 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Webb City Und Co Webb City Und Co

20. FILED AUG. 23. 38, 19 R. Hatchell M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1938, to Aug 20, 1938

I last saw her alive on Aug 20, 1938. Death is said to have occurred on the date stated above, at 6 P.m.

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

	Date of onset
Tuberculosis	
PHTHISIS PULM.	23

Other contributory causes of importance:

Name of operation ..... 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? ..... 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? .....

If so, specify .....

(Signed) D. F. Gregory, M. D.

(Address) Webb City, Mo

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is v...

RECEIVED
District Health Officer, No. 6,
District File Number 9-38-113
Date Filed 9-20-38

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, myself

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922,

P. O. Address Webb City, T

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.