

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.

DEC'D MAR 21 1939

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

7351  
Do not use this space.

1. PLACE OF DEATH

(a) County Madaway Registration District No. 625  
(b) Township Madaway Primary Registration District No. 3031  
(c) City Maryville (d) Street No. St. Francis Hospital Registered No. 24  
(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

(a) Residence, No. 651 Sarah Elizabeth Hornbuckle 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 7. 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 E. F. Hornbuckle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 3, 1857

7. AGE YEARS 81 MONTHS 10 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) Buchanan County (STATE OR COUNTRY) Mo.

13. NAME Araron C. Simville

14. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY)

15. MAIDEN NAME Martha Patton

16. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY)

17. INFORMANT Tillie Hornbuckle (ADDRESS) Pickering Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Workman chapel DATE Feb. 19, 1939

19. FUNERAL DIRECTOR (NAME) Price Funeral Home (ADDRESS) Maryville Mo.

20. FILED 2. 19 1939 Mamie E. Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/30, 1939 to 2/16, 1939  
I last saw him alive on 2/1/16, 1939 Death is said to have occurred on the date stated above, at 12:55 p.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach Date of onset ?  
Hb  
Other contributory causes of importance:  
Senility  
Malabsorption

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) B. F. Byland M. D.  
(Address) Pickering Mo.

RECEIVED

District Health Officer No. 11,

District File Number 11-39-137

Date Filed MAR 11 1939

**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,

John W. Price

, or by

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

Signed

John W. Price

Licensed Embalmer No. 3229

P. O. Address \_\_\_\_\_

**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, above space should be left blank.**