

MAY 11 1939

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

14271  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Buchanan Registration District No. \_\_\_\_\_  
 (b) Township Washington Primary Registration District No. \_\_\_\_\_  
 (c) City St. Joseph (d) Street No. Missouri Methodist Hospital St. \_\_\_\_\_ Registered No. 394  
 (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 Evelyn Riedel Horn  
 (a) Residence, No. 2708 So. 19th St. Joseph 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 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 Charles R. Horn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 2, 1916

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>22</u>	<u>4</u>	<u>9</u>	

OCCUPATION

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) (STATE OR COUNTRY) Doniphan County Kansas

FATHER

13. NAME E. C. Riedel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

MOTHER

15. MAIDEN NAME Zellie Denton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT Charles R. Horn  
(ADDRESS) 2708 So. 19th St. Joseph

18. BURIAL, CREMATION, OR REMOVAL Denton, Kansas  
PLACE Denton Cemetery DATE April 13, 1939

19. FUNERAL DIRECTOR H. A. Sullivan  
(ADDRESS) Lover, Missouri

20. FILED April 17, 1939 H. J. McElhiney  
22 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1939

22. I HEREBY CERTIFY, that I attended deceased from Mar 23, 1939 to Apr 11, 1939  
 I last saw her alive on Apr 10, 1939 Death is said to have occurred on the date stated above, at 2:00 P.M.  
 The principal cause of death and related causes of importance were as follows:  
General peritonitis Date of onset Mar 1/39  
Operated Mar 23<sup>rd</sup> for  
left ovarian abscess ✓  
 Other contributory causes of importance:  
Anemia  
General debility  
 Name of operation Spinal drainage, ovarans  
 What test confirmed diagnosis? Physical examination Date of test Mar 23/39

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?  Date of injury ✓, 1939  
 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? Yes  
 If so, specify H. Thompson, M. D.  
 (Signed) \_\_\_\_\_ (Address) 625 Charles St. Joseph Mo

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

1 X12004

1792

STATEMENT BY LICENSED EMBALMER

I, H.A. Sullins....., Licensed Embalmer No. 1738

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

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

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

working under my personal supervision.

Signed H.A. Sullins

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.)

Vertical text on the right edge of the page, including "RECORD" and "DEPARTMENT OF HEALTH".

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

14271  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85-  
(b) Township St Joseph Primary Registration District No. 1001 Registered No. 394  
(c) City St Joseph (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 Evelyn Riedel Horn

(a) Residence, No. \_\_\_\_\_ 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M  
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
22 4 9

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.  
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19\_\_

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19\_\_

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1939

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 \_\_\_\_\_ m.

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

General Peritonitis  
operation mar 3 for left  
astarian abscess 35  
Other contributory causes of importance:  
Anaemia - General Debility  
abscess probably gonococcal

Date of onset

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) J. B. Thompson, M. D.

(Address) 825 Charles  
St Joseph 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

