REC'D MAY 11 1939

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

14910
Do not use this space.

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1. PLACE OF DEATH

(a) County GREENE — Registration District No. 318

(b) Township — Primary Registration District No. 2000 (2001) — Registered No. 347

(c) City SPRINGFIELD — (d) Street No. 306 1/8 College 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 651 Frank B. Horn

(a) Residence, No. 734 No Robberson 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

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

7. AGE: Years: about 50 — Months — Days — 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. — ✓
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): Kansas

FATHER

13. NAME: Myers Horn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UK

MOTHER

15. MAIDEN NAME: UK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UK

17. INFORMANT (ADDRESS): Bert Adams, Arcadia Kans

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Arcadia Kan — DATE: April 27, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): H. H. Schneider, Springfield Mo

20. FILED: Apr 26, 1939 — Chas A George MD, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/25, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw him dead ~~alive on~~ April 26, 1939. 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:

	Date of onset
Coronary Occlusion	

Other contributory causes of importance: 94 b

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) J. P. Ferguson Coroner, M. D.

(Address) Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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, ...

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

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

Signed.....

Licensed Embalmer No. 3808

P. O. Address.....

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

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