

JUN 19 1939

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

18960
Do not use this space.

1. PLACE OF DEATH

(a) County Jackso Registration District No. 416
(b) Township Sarcosie, Mo. Primary Registration District No. 5571B
(c) City PLOH (If death occurred in Hospital or Institution, write its name instead of street and number)
(d) Street No. PLOH St.
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME James Horrell

(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 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 Y

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29-1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 0 0

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

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

FATHER 13. NAME William P. Horrell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackso Co. Mo

MOTHER 15. MAIDEN NAME Maud Liger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Co. Mo

17. INFORMANT (ADDRESS) Paul Horrell
Sarcosie Mo. R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Sarcosie Cem DATE May 28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) None

20. FILED May 26 1939 Mrs Lema Broadway
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1939

22. I HEREBY CERTIFY, That I attended deceased from Y, 1939, to Y, 1939.

I last saw h Y alive on Y, 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:

Did before birth Date of onset

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) B. F. Chatham, M. D.
(Address) Diamond 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 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 6,

District File Number 6-6-39-1287

Date Filed JUN 12 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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.