REC'D AUG 1 1939

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

25929
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 411
(b) Township — Primary Registration District No. 2002 — Registered No.
(c) City Joplin — (d) Street No. 9th + Maiden Lane 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.

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2. PRINT FULL NAME Edward Ellis Horton
(a) Residence, No. 206 Tyler 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 M
4. COLOR OR RACE W
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) July 23, 1918
7. AGE 23 YEARS 23 MONTHS 11 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) Joplin Mo.

FATHER
13. NAME James Horton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

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

17. INFORMANT (ADDRESS) Lloyd Horton - Joplin Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Cem. DATE 7/9 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lucas Lund Co Joplin Mo
20. FILED 7-11 1939 Ed Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 39
22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw him alive on dead July 8, 1939 Death is said to have occurred on the date stated above, at ....P.m. 7/1/39.
The principal cause of death and related causes of importance were as follows:
Drowned by accident
183
Date of onset
Other contributory causes of importance: Fell into old cave
Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? Investigation
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/11, 1939
Where did injury occur? Joplin, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. old cave
Manner of injury Fell into old cave
Nature of injury Drowned
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A. S. Winchester Coroner M. D.
(Address) Joplin, 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.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 7/[illegible]/[illegible]

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 Jerry [illegible]

Licensed Embalmer No. 959

P. O. Address [illegible]

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.