

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

28450
Do not use this space.

J. Reed
1939 SEP 12 1939

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
 (b) Township _____ Primary Registration District No. 3001 Registered No. 211
 (c) City Kirksville (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Benedict Joseph Horrell

(a) Residence, No. 609 W. Gardner 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 Male 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 Stella Horrell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
63 9 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
 9. Industry or business in which work was done, as saw mill, bank, etc. Building
 10. Date deceased last worked at this occupation (month and year) Aug. 1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair County Mo.

FATHER 13. NAME Benedict Joseph Horrell

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

MOTHER 15. MAIDEN NAME Nancy Jane Briley

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

17. INFORMANT (ADDRESS) Mrs. B. J. Horrell Kirksville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazel Creek DATE Sept. 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Davis Funeral Home Kirksville, Mo.

20. FILED Sept 9 1939 Spencer Deeman Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3^d, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/7/35, 1935, to Sept 13^d, 1939, 1939
 I last saw him alive on Sept 3^d, 1939 Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis with Arteriosclerosis
 Date of onset _____
 Other contributory causes of importance: 946

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical & lab. 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 Bro. F. Sured, M. D.
 (Signed) 3 (Address) Kirksville 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.

RECORD THIS IS A PERMANENT RECORD

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 9/11/77

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 Harold A. Royal

Licensed Embalmer No. 40175

P. O. Address Kirkville, Mo.

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.