

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.

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

40420
Do not use this space.

1. PLACE OF DEATH

(a) County... Madway 2 Registration District No. 621
 (b) Township... Lincoln 1 Primary Registration District No. 5823
 (c) City..... (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 JIM DUGLES HORN

(a) Residence, No. Madway Co 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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Melinda Horn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 6 1855</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>7</u>	DAYS <u>5</u>
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. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <u>Buckhorn</u> (STATE OR COUNTRY) <u>Co 0</u>		
FATHER	13. NAME <u>Alexander J Horn</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Ohio</u> (STATE OR COUNTRY) <u>1</u>	
MOTHER	15. MAIDEN NAME <u>Susan Adams</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Ohio</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Elsworth Horn</u> (ADDRESS) <u>Ohio mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>High Paris</u> DATE <u>19</u>		
19. FUNERAL DIRECTOR (NAME) <u>Price & Horn</u> (ADDRESS) <u>Ohio mo</u>		
20. FILED <u>Nov 13 1939</u> <u>Blair Horn</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1939 to Mar 10 1937. I last saw him alive on Oct 26 1937. Death is said to have occurred on the date stated above, at 2:30 pm. The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis 11/10/39
Myocarditis 1938
 Date of onset 1938

Other contributory causes of importance:
Myocarditis

Name of operation NONE Date of 11/10/39
 What test confirmed diagnosis? Clinical 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
 (Signed) R. Ferguson M. D.
 (Address) State Street, Ia. and
Blair 3900

RECEIVED
District Health Commission
Public Health
Date Filed DEC 12 1939
1231-1709

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..... John W. Price
.....
Licensed Embalmer No. 3229
P. O. Address Maryville 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.