

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

2647
Do not use this space.

FILED FEB 15 1940

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
 (b) Township Carthage Primary Registration District No. 3020 Registered No. 27
 (c) City Stone Memorial Hospital (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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

(a) Residence, No. 035 Eileen Lois Horton St. Liberal, Mo.
 (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 Female 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) Oct 6 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 3 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) San Marcos Texas

13. NAME Glen Horton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Kansas

15. MAIDEN NAME Ann Clavier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sequin Texas

17. INFORMANT (ADDRESS) Mrs. Ann Horton Liberal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Liberal Cem. Jan 29, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kenantz Funeral Home Hamark, Mo.

20. FILED Jan. 29, 1940 E. J. McIntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1940, to Jan 27, 1940
 I last saw him alive on Jan 27, 1940 Death is said to have occurred on the date stated above, at 11:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Tuberculosis of the mesenteric acule appendicitis + evidence of general peritonitis 1940
 Date of onset ?

Other contributory causes of importance:
Acute appendicitis with evidence of general peritonitis malnutrition
 Names of operation appendectomy Date of Jan 25, 1940
 What test confirmed diagnosis? histology 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? _____
 If so, specify _____
 (Signed) E. J. McIntire, M.D.
 (Address) Liberal, 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.

RECEIVED

District Health Officer No. 6,

District File Number 240-469

Date Filed FEB 13 1940

STATEMENT BY LICENSED EMBALMER

sanitary only

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 Carl F. Kenworthy

Licensed Embalmer No. 22407

P. O. Address Camden, 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.