

No. 2
-11-10-39
5-17-39
-I X21492

FILED APR 8 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10858

Registration District No. 289

Primary Registration District No. 4173

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Malden
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 501 S. Marion St. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 24 yrs.
years, months or days

3. (a) PRINT FULL NAME MARY LOU HORN

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 12 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 0 0 0 hr. 10 min.

9. Birthplace Malden MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Bill Horn

18. Birthplace Stoddard Co MO
(City, town, or county) (State or foreign country)

14. Maiden name Gladys Brooks

15. Birthplace Spomer ville MO
(City, town, or county) (State or foreign country)

16. (a) Informant Bill Horn

(b) Address Malden MO

17. (a) Burial (b) Date thereof 3/13/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden MO

18. (a) Signature of funeral director W. J. ...

(b) Address Malden MO

19. (a) 3/13/1940 (b) S. B. Mitchell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Malden
(If outside city or town limits, write "RURAL")

(d) Street No. 501 S. Marion St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1940 hour 12 minute 40 P. M.

21. I hereby certify that I attended the deceased from March 12 1940 to March 12 1940
that I last saw her alive on March 12 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth (159)

Due to _____

Due to _____ 164

Other conditions (Include pregnancy within 5 months of death) _____

PHYSICIAN _____

Major findings: None

Of operations _____

Of autopsy None

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 262

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature N. D. Davis (M. D. or other) Do

Address Malden MO Date signed 3/13/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

District Health Officer No. 2

District File Number 440-88

Date Filed 4/5/40

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.