

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11402

Registration District No. 416

Primary Registration District No. 5571B

Registrar's No. 57

1. PLACE OF DEATH:

- (a) County Jasper  
 (b) City or town Rural- Sarcxie  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Route # 1, Sarcxie  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 9 Months & 4 Days  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Paul Ray Horrell 640

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased May 28 1939  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 9 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace R#1, Sarcxie Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Paul Horrell  
 { 13. Birthplace Route #1, Sarcxie, Mo.  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Maude Giger  
 { 15. Birthplace Route #1, Sarcxie, Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr. Paul Horrell  
 (b) Address Route #1, Sarcxie, Mo.

17. (a) Burial (b) Date thereof 3/6/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcxie, Mo.

18. (a) Signature of funeral director Ed. C. Ulmer  
 (b) Address 1208 S. Garrison, Carthage, Mo.

19. (a) Mar 6 1940 (b) Mrs. Rena Broadway  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jasper  
 (c) City or town RURAL- Sarcxie  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Route #1  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th  
 year 1940 hour 6:00 minute 0 AM.

21. I hereby certify that I attended the deceased from Mar 3, 1940 to Mar 5, 1940  
 that I last saw him alive on Mar 3, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo-  
pneumonia

Duration  
3 days

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Rachitis  
 (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Leroy Simmons (M. D. certifier)  
 Address Sarcxie Mo. Date signed Mar 6 1940

WHILE I REMAIN USE CENTERING BLACK INK—MAKE A PERMANENT RECORD

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.

1-110811

RECEIVED

District Health Officer No. 6,

License File Number 440-1097

Date Filed APR 11 1940

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**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 E. J. Ulmer

Licensed Embalmer No. 2222

P. O. Address Carriage

**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.**