

FRIED JUN 19 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18259

State File No. _____

Registration District No. # 224

Primary Registration District No. 4137

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Cooper
 (b) City or town Prairie Home
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 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 _____
years, months or days

3. (a) PRIN FULL NAME Fannie Jane Hornbeck

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

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

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

7. Birth date of deceased 5 - 27 1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Joel Byler

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Jane Helbreath

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature A. B. Byler

(b) Address Prairie Home Mo

17. (a) removal (b) Date thereof 5 18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director C. Albert Hornbeck

(b) Address Prairie Home Mo

19. (a) 6-10-40 (b) A. L. Meredith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
 (c) City or town Prairie Home
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th
 year 1940 hour 12 minute 30 AM.

21. I hereby certify that I attended the deceased from Jan, 1940 to May 15, 1940
 that I last saw her alive on May 15, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration _____

Due to _____

Due to _____ 46

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

Major findings: _____
 Of operations _____

Of autopsy _____

PHYSICIAN

 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?
269 While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature A. C. Meredith (M. D. or other) _____

Address Prairie Home Mo Date signed 5/17/40

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. 8,
District File Number
Date Filed 6-18-42

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.....

C. Albert Hornbeck..... Registered Apprentice No.....
working under my personal supervision.

Signed C. Albert Hornbeck
Licensed Embalmer No. 2714
P. O. Address Prarie Home 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.