

Registration District No. 461

Primary Registration District No. 3024

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Lexington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Residence. No hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)  
In this community Lifetime

3. (a) PRINT FULL NAME Arthur Horles  
(b) If veteran, name war None  
(c) Social Security No. None

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 75 hr. min.

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

10. Usual occupation unemployed

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

12. Name Robert Horles

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

14. Maiden name unknown

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

16. (a) Informant William Horles  
(b) Address 25th Lexington Mo

17. (a) Burial (b) Date thereof 9-7-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director Gray & Sons  
(b) Address Lexington Mo  
19. (a) 9-8-1940 (b) Delia Bates  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town Lexington  
(If outside city or town limits, write "RURAL")  
(d) Street No. (?) - South 10th Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? Native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7  
year 40 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept.  
7 to Sept. 7, 1940  
that I last saw him alive on Sept 7, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Cerebral Apoplexy 9/7/40

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

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

Other conditions 42 in  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy none

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

23. Signature V. S. Nash (M. D. or other)  
Address Lexington Mo Date signed 9/9/40

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

RECEIVED  
District Health Officer No. 8,  
District File Number 10-10-470  
Date Filed

**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.....

*Geo. A. Green*

....., Registered Apprentice No. *235*

working under my personal supervision.

Signed

*William Husley*

Licensed Embalmer No. *3105*  
*204 South 24th Street*  
P. O. Address *Lexington, 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.