

**Aug 18 1940**

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 227 S. Washington  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20  
In this community 33 yrs - (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna B Hornbach

3. (b) If veteran, name war no - 3. (c) Social Security No. 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 17 1868  
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 0 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Platte Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name John Hornbach  
13. Birthplace Ky -  
(City, town, or county) (State or foreign country)  
14. Maiden name Augusta Hornbach  
15. Birthplace Ky -  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Annie Vaughan

(b) Address Foster, Mo.

17. (a) Burial (b) Date thereof Sept 19 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Claywood

18. (a) Signature of funeral director Marsh Cichinger

(b) Address Nevada Mo.

19. (a) Sept. 18 - 1940 (b) Allen W. Mayo  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo - (b) County Vernon  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. 227 S. Washington  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17  
year 40 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from Aug 1, 1940, to 9/17, 1940  
that I last saw her alive on 9/17 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bowel

Due to unknown

Due to 46

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy no

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? 795

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

23. Signature J M. Hester (M. D. or other) ✓  
Address Nevada Date signed 9/18/40

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 10-40-1438

Date Filed 10-8-40

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 Mark Beckinger

Licensed Embalmer No. 2656

P. O. Address Nevada 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.