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FILED OCT 18 1940  
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STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_ Primary Registration District No. 4538 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: ~~MISSOURI~~ WASHINGTON  
 (a) County WASHINGTON  
 (b) City or town POTOSI  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3  
 (Specify whether  
 In this community 3 weeks  
 years, months or days)

3. (a) PRINT FULL NAME JAMES C. HORNSEY  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife FANNIE HORNSEY 6. (c) Age of husband or wife if alive 63 - years  
 7. Birth date of deceased JAN 17 1871  
 (Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace BELLEVUE MO. 8  
 (City, town, or county) (State or foreign country)

10. Usual occupation LABORER. 9

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

MOTHER FATHER  
 12. Name JOHN D. HORNSEY 0  
 13. Birthplace UNKNOWN  
 (City, town, or county) (State or foreign country)  
 14. Maiden name SARAH NICHOLSON  
 15. Birthplace POTOSI MO.  
 (City, town, or county) (State or foreign country)

16. (a) Informant ELZA HORNSEY  
 (b) Address POTOSI MO.

17. (a) BURIAL (b) Date thereof 9-14-1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation POTOSI MO.

18. (a) Signature of funeral director C.H. Bayer  
 (b) Address POTOSI MO.

19. (a) Oct 1-40 (b) G.F. Prosser  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County \_\_\_\_\_  
 (c) City or town ST LOUIS  
 (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 SEPT. day 22.  
 year 1940 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from Sept. 20 1940 to Sept 22 1940  
 that I last saw him alive on Sept 21/40 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia  
 Due to following severe  
feverish following  
 Pernicious Anemia  
 Other conditions for thirty years  
 (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 108

Duration \_\_\_\_\_  
 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? 809

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

23. Signature G.F. Prosser (M. D. or other) \_\_\_\_\_  
 Address Potosi MO Date signed 9/30/40

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

**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

*C. H. Boyer*

Licensed Embalmer No. *9158*

P. O. Address *POTOSI 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, fact should be so stated above.**