FILED JAN 25 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3542
Do not use this space.

1. PLACE OF DEATH New Madrid
(a) County New Madrid — Registration District No. 607
(b) Township — Primary Registration District No. 4361 — Registered No. 4
or
(c) City Portageville, Mo. — (d) Street No. 3 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Neta Joy Horn
(a) Residence, No. Near Portageville, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): 0

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 5 - 1940

7. AGE: YEARS — MONTHS: One — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Madrid Co Mo 0

FATHER
13. NAME: A. S. Horn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss 1

MOTHER
15. MAIDEN NAME: Evelyn Hampton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo 0

17. INFORMANT (ADDRESS): J. W. Horn Portageville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE — DATE Jan 6 - 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS): R M Payne Portageville Mo

20. FILED Jan 24 1941 Mary W. Cook
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan., 5th, 41, 1941

22. I HEREBY CERTIFY, That I attended deceased from Only Jan., 5, 40, 19..., to ..., 19...
I last saw her alive on Jan., 5, 41, 19... Death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza & Pneumonia	

Other contributory causes of importance: 33 W

Name of operation: None — Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. A. Rueder, M.D.
535 (Address) Portageville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.