

13-40
17-39
X23159

Registration District No. 76 Primary Registration District No. 57103

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Oldham
(c) Name of hospital or institution: Highway 63 north
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

3. (a) PRINT FULL NAME Robert Ward Horton
3. (b) If veteran, name war 1 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rachel 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased June 14 1912 (Month) (Day) (Year)

8. AGE: Years 28 Months 8 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation officer of U.S. Army

11. Industry or business _____
12. Name Carl A. Horton
13. Birthplace Weston, Mo
14. Maiden name Katharine Sloons
15. Birthplace Weston Mo

16. (a) Informant Rachel Horton
(b) Address Jefferson City, Mo.

17. (a) Residential (b) Date thereof 3-14-41
(c) Place: burial or cremation Warrensburg, Mo

18. (a) Signature of funeral director Breacher General
(b) Address Jefferson City Mo.

19. (a) 3-13-41 (Date received by registrar) (b) Thelma Remeyer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(d) Street No. 1515 E Franklin
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 13 year 1941 hour 12 minute 55 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Car wreck

Due to Broken neck

Due to Complete Surrance of Abdominal

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 1941

(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? 77

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

23. Signature Marie Madoni (M.D. or other) 3
Address Columbia Mo. Date signed 3/13/41

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

MOTHER FATHER

1702
98

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 *Victor Buescher*

Licensed Embalmer No. *3701*

P. O. Address *Jefferson City, 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

6257
Do not use this space.

PLACE OF DEATH

(a) County Boone Registration District No. 5-11076
 (b) Township Cedar Primary Registration District No. 5-110 Registered No. _____
 (c) City _____ (d) Street No. _____ 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

Robert Ward Harton
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
28 8 29

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) _____

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____, 19____

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13 1941

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:40 p.m.

The principal cause of death and related causes of importance were as follows:

Car accident
Broken neck from
collision on public highway 6.3
a few miles north of Jefferson City
 Other contributory causes of importance: _____

Date of onset

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury _____, 19____

Where did injury occur? Highway 6.3 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury car skidded on loose gravel

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Marvin Malam (Coroner), M. D.

(Address) Columbia Mo

Phone 8688

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MOORE

SUPPLEMENTARY

in Mr adams (coroner) Columbia mo

S-6254