

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.

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

25731
 Do not use this space.

FILED AUG 11 1941

1. PLACE OF DEATH

(a) County Hodgson Registration District No. 621
 (b) Township Linn Primary Registration District No. 5823
 (c) City 1 (d) Street No. _____
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME PHOEBE HORN

(a) Residence, No. Elmo Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 2. WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HENRY G. HORN
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29 - 1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 1 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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 York St.

FATHER 13. NAME Anna E. Plander

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York St.

MOTHER 15. MAIDEN NAME Phoebe Fullmore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York St.

17. INFORMANT (ADDRESS) Ray Horn son
Elmo Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hugh Bruce DATE June 17 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Prueitt Horn
Elmo Mo

20. FILED June 16 1941 Clara D. Horn
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 1941
 22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1940 to June 15 1941
 I last saw her alive on June 15 1941. Death is said to have occurred on the date stated above, at 1:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Diabetes mellitus
 Other contributory causes of importance: U.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cleaveland Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 1941
 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) Dr. E. McNeely, D.O.
 (Address) Elmo Mo

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 comply with the above constitutes grounds for revocation of license.)

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