S. No. 2
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P-I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1941

Registration District No. 6 7

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5104

State File No. 34270

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Bollinger

(b) City or town Rural Liberty township
(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 ..... (Specify whether years, months or days)
In this community 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger 9

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Near Glennon, Mo. 0
(If rural, give location)

(e) Citizen of foreign country? ..... 0 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME *E* Louis Frank Horrell

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anne Horrell

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Sept. (Month) 5 (Day) 1864 (Year)

8. AGE: Years 77 Months 1 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Perry county (City, town, or county) 0 Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Mike Horrell
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ****** (City, town, or county) 6 (State or foreign country)

16. (a) Informant George Beal
(b) Address Glennon Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-41 (Month) (Day) (Year)
(c) Place: burial or cremation Glennon, Mo.

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo. J. B. Graham

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17th year 1941 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from 4/16/39 19..... to ..... 19.....; that I last saw him alive on 10/14/41 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac decompensation	
Due to Cerebral hemorrhage	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 830
Of autopsy .....

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

23. Signature John J. Myers (M. D. or other)
Address ..... Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.

. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34278

Registration District No. 67 Primary Registration District No. 5104 Registrar's No.

1. PLACE OF DEATH:
(a) County Bollinger
(b) City or town
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louis F. Horrell
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 5 1864 (Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 3 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 12/15/1941 (Date received local registrar) (b) Mrs Henry Ellis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY