

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

1. PLACE OF DEATH:

(a) County SUCHANAN
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MO. METHO. HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
In this community 7 da. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Waltham
(c) City or town St. Joseph Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME John Hornecker

3. (b) If veteran name war No. 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 Anna Flacker Hornecker 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Jan. 14 1871
(Month) (Day) (Year)

8. AGE: 70 Years 10 Months 21 Days - If less than one day
hr. min.

9. Birthplace New Point LaMo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Hornecker

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hornecker

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Hornecker
(b) Address Oregon Mo.

17. (a) Burial (b) Date thereof 12 8 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon Mo.

18. (a) Signature of funeral director Patricia Sureson
(b) Address Oregon Mo.

19. (a) 12/7/41 (b) A. J. Nuttall
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5
year 1941 hour 9.00 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov 29
14 to Dec 5, 1941
that I last saw him alive on Dec 5, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration
Rt side

Due to Cystitis

Due to —

Other conditions Rheumatic Heart Disease
(Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy Proctitis Myocarditis Scurvy

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?
No (Specify type of place) (e) Means of injury —

23. Signature T. J. Howden (M. D. or other) M.D.
Address 620 Holmes St. JOSEPH Date signed 12-5-41

MAR 28 1944

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 James H. Pettijohn
Licensed Embalmer No. 3192
P. O. Address Oregon 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.