

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

1588

FILED FEB 16 1942

5034

1617

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Rual
(c) Name of hospital or institution:
R.F.D. #2, Mexico
(d) Length of stay: In hospital or institution.....
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Rual
(d) Street No. R.F.D. #5, Mexico, Mo.
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Helen M. Horton

(b) If veteran, name war None (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife J.Y. Horton (c) Age of husband or wife if alive..... years

7. Birth date of deceased September 26, 1864

8. AGE: Years 77 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Vernone County Tenn.

10. Usual occupation None

11. Industry or business.....

12. Name Soloman George
13. Birthplace Tenn.
14. Maiden name Sarah Gravett
15. Birthplace Tenn.

16. (a) Informant Cecil Horton
(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof.....
(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Tarl & Paul
(b) Address Mexico, Mo.

19. (a) Jan 22 - 1942 Margaret H Mackie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15 day Jan
year 1942 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from.....
that I last saw h..... alive on.....
and that death occurred on the date and hour stated above.

Immediate cause of death Coroner's verdict:
I find that the deceased came to her death by Coronary Occlusion of Artery, Coronary
Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a
Of autopsy.....

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 3

23. Signature Eg. Benton, Coroner (M. D. or other) 3
Address Mexico, Mo Date signed 1/26/42

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

400

1074

RECEIVED

District Health Officer No. 10

District File Number 2-42-199

Date Filed FEB - 7 1942

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.....

Earl E. Predht

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl E. Predht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.