

FILED JAN 30 1941
Registration District No. 2222

Primary Registration District No. 45-46B 4231 Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural Pilot Knob Mo
(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)

In this community 45 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

(c) City or town Pilot Knob
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME WILLIAM HORNBECK

(b) If veteran, name war no

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 8th, year 1941, hour 12:30, minute P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Claudie HORNBECK

6. (c) Age of husband or wife if alive 27 yrs

7. Birth date of deceased: Jan 20 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 6th, 1941, to Dec 8th, 1941, that I last saw him alive on Dec 8th, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 10 Days 18 If less than one day
hr. _____ min. _____

Immediate cause of death: acute Broncho Pneumonia

Due to Cerebral Hemorrhage

Due to Myocardial infarction

Other conditions: Senility

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

10. Usual occupation Farmer

11. Industry or business Farming

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name Not Known

13. Birthplace Not Known
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. R. B. Jones

(b) Address Herculaneum MO

17. (a) burial (b) Date thereof 12 10 41
(Burial, cremation, or removal) (Month) (Day) (Year)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R. E. Harland (M. D. or other) _____

Address Chronton, mo Date signed 12/11/41

(c) Place of burial or cremation Pilot Knob Mo

18. (a) Signature of funeral director Acadia Valley Funeral Home

(b) Address Chronton mo

19. (a) Dec 12 41 (b) L. J. Effinger
(Date received local registrar) (Registrar's Signature)

Duration

12/11/41

12/10/41

??

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 142-62
Date Filed 1-13-42

APR 19 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.....

....., Registered Apprentice No.....

.....working under my personal supervision.

Signed Chas. Richardson

Licensed Embalmer No. 3167

P. O. Address: Farmington 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.