S. No. 2
I—9-4-41
. 5-17-39
I X29484

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. 6182

FILED MAR 3 1942

Registration District No. 124 Primary Registration District No. 5174 Registrar's No. 4

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Dutchtown Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Family Home Hubble Twp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community all life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Gir Co
(c) City or town Dutchtown Mo (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 John Vincent Horrell
3. (b) If veteran, name war —
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 Annie Horrell
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Oct 15 (Month) 1871 (Day) (Year)

8. AGE: Years 70 Months 3 Days 7 If less than one day hr. min.

9. Birthplace Perry County (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Mark Harrell
13. Birthplace Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Louisa Drury
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Charley Harrell
(b) Address Overland Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation Glenon Mo
18. (a) Signature of funeral director Seabaugh Funeral Home
(b) Address Cape Girardeau Mo
19. (a) 1-24-42 (Date received local registrar) (b) A. F. Mache (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1942 hour 6 minute A M.
21. I hereby certify that I attended the deceased from Dec 25 41, 1941, to Jan 22, 1942 that I last saw him alive on Jan 21st, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Dont know

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 94a
Of autopsy

Duration 9 pm days

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 W W Dougault (M. D. or other) MD
Address Allenville Mo Date signed Jan 28 42

1158 (Licensed Embalmer's Statement on Reverse Side)

CEIVED

District Health Officer No. 4

District File Number 242-233

Date Filed 2-12-42

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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 W. H. Eltis

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau 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.