

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

1. PLACE OF DEATH:  
(a) County LIVINGSTON  
(b) City or town CHILLICOTHE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Chillicothe Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
In this community about 6 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County LIVINGSTON  
(c) City or town CHILLICOTHE  
(If outside city or town limits, write "RURAL")  
(d) Street No. 28-East 3rd Str  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JACKSON WILLIAM HORAN  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 1  
year 1942 hour 3:50 minute P.M.  
21. I hereby certify that I attended the deceased from September  
1941 to March 1, 1942  
that I last saw him alive on March 1, 1942  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife wife 6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased. SEPT 11 1866  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 830

8. AGE: Years 75 Months 5 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pendleton Ky 1  
(City, town, or county) (State or foreign country)

10. Usual occupation LABOR

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name UNKNOWN  
13. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)

16. (a) Informant P.A. Meinershagen  
(b) Address Chillicothe Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 4 1942  
(Month) (Day) (Year)  
(c) Place: burial or cremation NORTH CEMETERY

18. (a) Signature of funeral director P.A. Meinershagen  
(b) Address Chillicothe Mo

19. (a) MARCH 3 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0  
23. Signature V. D. Vandiver (M. D. or other) \_\_\_\_\_  
Address Chillicothe Mo Date signed 3-2-42

**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 me

Ermer Thomas Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Ermer Thomas

Licensed Embalmer No. 2640

P. O. Address Phillipette 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.**