No. 2
-4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1942

Registration District No. ~~318~~ 944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5447.B

State File No. 14356

Registrar's No. 2

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town ~~Springfield~~ STRAFFORD
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: STRAFFORD—MO. / R # 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution [illegible] (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Strafford 0
(If outside city or town limits, write "RURAL")

(d) Street No. R # 2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME STEVE HORNER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 3 (Day) 1863 (Year)

8. AGE: Years 79 Months 3 Days 23 If less than one day hr. min.

9. Birthplace Palmetto (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER FATHER
14. Maiden name Frances Smith
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Vesta Dorsett

(b) Address Strafford Mo. R# 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Danforth

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address Springfield Mo.

19. (a) April 29 1942 (Date received local registrar) (b) Garland Harrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1942 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from Jan 10, 1942, to April 26, 1942 that I last saw him alive on April 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Organic Heart Disease

Due to

Due to

Other conditions 2
(Include pregnancy within 3 months of death)

Major findings:
Of operations 95C

Of autopsy

Duration

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. A. Dehull (M. D. or other)

Address Springfield Mo. Date signed April 26/42

1246 (Licensed Embalmer's Statement on Reverse Side)

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.....Roy A. Cavin

Licensed Embalmer No. 1763

P. O. Address.....Springfield, Me

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.