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7-5-17-39  
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20567

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

BUREAU OF THE CERTIFICATE

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 13 1942

Registration District No. 30

Primary Registration District No. 3003

Registrar's No. 46

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

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry

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

(d) Street No. 213 1/2 7<sup>th</sup> South  
(If rural, give location)

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

3. (a) PRINT FULL NAME Wilbur E. Horner

3. (b) If veteran, name war none

3. (c) Social Security No. 703-63-7141

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1942 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from 6 19 to 6 19 that I last saw h alive on 6 19 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lois Jean Horner 6. (c) Age of husband or wife if alive 17 years

7. Birth date of deceased July 26 1919  
(Month) (Day) (Year)

Immediate cause of death Heart Aneurysm

Skull Fracture

8. AGE: Years 23 Months 10 Days 18 If less than one day hr. min.

Due to Death Aneurysm

Due to Skull Fracture

9. Birthplace Barry Co. Mo.  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 10 9-8

10. Usual occupation Frisco Switchman

Major findings: Of operations 20

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name Shaw. A. Horner

13. Birthplace Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Hester Owens

15. Birthplace Barry Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Boyd Horner

(b) Address 213 1/2 - 4th St. Monett

17. (a) Interment (b) Date thereof June 16, 1942  
(Burial, cremation, or recovery) (Month) (Day) (Year)

(c) Place: burial or cremation Crematory

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence June 14, 1942

(c) Where did injury occur? Monett Barry - Mo.  
(City or town) (County) (State)

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

18. (a) Signature of funeral director L. H. Blankenship

(b) Address Monett, Mo.

19. (a) 6-16-1942 (b) Max Geo. Harman  
(Date received local registrar) (Registrar's signature)

While at work? yes (Specify type of place) RR. locomotive  
(e) Means of injury

23. Signature John P. Creamer (M. D. or other) Dr.

Address Monett Mo. Date signed June 15 1942

727-2  
RECEIVED

District Health Officer No. 6,

District File Number 742-943

Date Filed JUL 11 1942

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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

G. H. Blawenship

Licensed Embalmer No.

2397-

P. O. Address

Monett, 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.