

S. No. 2
(-9-4-41
S. 5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23859

State File No. _____

Registrar's No. 709

FILED AUG 13 1942

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #12
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 months
(Specify whether years, months or days) 8 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4332 Charlotte Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME JESS HORN

3. (b) If veteran, name war No
3. (c) Social Security No. 496-05-9577

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased. June 23, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 51 0 9 6 hr. 30 min.

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

10. Usual occupation Painter

11. Industry or business Lindus Oil Company

MOTHER FATHER
12. Name James A. Horn
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Helen Neil
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. William Hervey
(b) Address 2335 Socke B.C. Kansas

17. (a) Removal Removal (b) Date thereof July 5, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo

18. (a) Signature of funeral director Winkler

(b) Address Lexington Mo

19. (a) 7-3-42 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1942 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec. 23, 1941 to July 3, 1942
that I last saw him alive on July 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Syphilitic Meningo-Encephalitis

Due to _____
Due to 30 f
Other conditions (Include pregnancy within 3 months of death) _____

Duration 30 yo.

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____
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) no
(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 _____

23. Signature David Edwards (M. D. or other) M.D.
Address St Joseph, Mo. Date signed 7-3-42

1253 (Licensed Embalmer's Statement on Reverse Side)

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

11
1
7

R.H.

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.

Not Embalmed

Signed.....

Geo. A. McLean

Licensed Embalmer No.....

2983

P. O. Address.....

Leighton, 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.