

24546

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 417

Primary Registration District No. 55614

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: R.R.#1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 34 years

In this community 34 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin

(d) Street No. Prosperity R.R.#1

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

3. (a) PRINT FULL NAME John Payton Horton

3. (b) If veteran, name war _____

3. (c) Social Security No. 702-18-0919

4. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife Lulu Horton

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased April 11 1877

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>2</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Newton County Missouri

10. Usual occupation R.R. Section Foreman

11. Industry or business Railroad

MOTHER FATHER

12. Name Robert Horton

13. Birthplace Newton County Missouri

14. Maiden name Ann Davis

15. Birthplace Arkansas

16. (a) Informant's own signature Lulu Horton

(b) Address Joplin, Mo. R.R.#1

17. (a) Burial (b) Date thereof 7/11/42

(c) Place: burial or cremation New Salem Cemetery

18. (a) Signature of funeral director Hedge Nelson

(b) Address Jebb City, Missouri

19. (a) July 9, 1942 (b) Mrs. Lillie Loge

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9

year 1942 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from 7-8-42 to 7-9-42

that I last saw him alive on July and that death occurred on the date and hour stated above.

Immediate cause of death Heart Blood + chronic myocarditis

Due to myocarditis

Due to _____

Other conditions My hypertension

Major findings: Chronic Bronchitis

Of operations _____

Of autopsy no

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? _____

(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 B.A. Dumbauld (M. D. or other)

Address 114 N. West St. City Date signed 7-9-42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X10511

42.7.664

AUG 17 1962

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.....

Licensed Embalmer No. 2859

P. O. Address Webb, Plymouth

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, above space should be left blank.