

FILED OCT 8 1942

Registration District No. 38

Primary Registration District No. 3.0.6-5120

Registrar's No. 201

1. PLACE OF DEATH:

(a) County Roone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
601 Providence Rd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 601 Providence Rd.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME ROBERT EUGENE HORTON

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 Married  
6. (b) Name of husband or wife Jessie Horton 6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased 1 28 1870  
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 17 If less than one day hr. min.

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

10. Usual occupation Retired Farmer & Groceryman

11. Industry or business

12. Name Robert E. Horton  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Sallie Sanders  
15. Birthplace Jackson County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robert Eugene Horton  
(b) Address 601 Providence Rd.  
17. (a) Removal (b) Date thereof 9-17-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cameron, Mo.

18. (a) Signature of funeral director Parker Funeral Service  
Columbia, Mo.  
(b) Address

19. (a) 9-16-1942 (b) Edna H. Barber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15  
year 1942 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on Sept 15 and that death occurred on the date and hour stated above.

Immediate cause of death Proxymy thromboses on history of former  
Due to illness

Other conditions 94a  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? Yes (Specify type of place) \_\_\_\_\_  
(a) Means of injury \_\_\_\_\_  
23. Signature Edna H. Barber M. D. or other) \_\_\_\_\_  
Address Columbia Date signed 9/16

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

10  
420

10  
22  
1

1250

**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.....  
.....  
working under my personal supervision.

Signed

Registered Apprentice No.....

Licensed Embalmer No.....

P. O. Address.....

**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.**