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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 14 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37587

Registration District No. 2123 Primary Registration District No. 5781 Registrar's No. 74

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Rural — Glaize Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Miller 66 0

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

(d) Street No. Brumley, Mo.
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)
If yes, name country — 0

3. (a) PRINT FULL NAME UEL PRESSLEY HORTON

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased April (Month) 18 (Day) 1926 (Year)

8. AGE: Years 16 Months 7 Days 0 If less than one day ___ hr. ___ min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name Henry Clay Hartau
13. Birthplace Miller Co., Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dora Francis Hale
15. Birthplace Miller Co., Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Dora Hartau
(b) Address Brumley Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19-42 (Month) (Day) (Year)
(c) Place: burial or cremation Brumley Mo.

18. (a) Signature of funeral director C L Casey
(b) Address Ibera Mo.

19. (a) Nov. 25 1942 (Date received local registrar) (b) C R Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1942 hour 11 minute 9 M.

21. I hereby certify that I attended the deceased from Nov. 14, 1942 to Nov. 18, 1942, that I last saw him alive on Nov. 16, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	5 days
Due to	
Due to	
Other conditions Progressive Muscular Dystrophy (Include pregnancy within 3 months of death)	11 years

108

Major findings:
Of operations None
Of autopsy None

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 Myron D. Jones (~~M.D.~~ Mother) DO.
Address Brumley, Mo. Date signed 11/23/42

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 42-100
Date Filed 12/12/42

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 C. L. Casey

Licensed Embalmer No. 2694

P. O. Address Iberia, 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.