DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

Registration District No. 366

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4536

State File No. 38376

Registrar's No. 62

1. PLACE OF DEATH: 110
(a) County WASHINGTON
(b) City or town POTOSI MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED: 110
(a) State Mo. (b) County Washington
(c) City or town POTOSI
(If outside city or town limits, write "RURAL")
(d) Street No. ____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ROBERT PRESTON HORNSEY
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ROSE ANN HORNSEY
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased DEC (Month) 4 (Day) 1851 (Year)
8. AGE: Years 90 Months 11 Days 8 If less than one day ____ hr. ____ min.
9. Birthplace POTOSI (City, town, or county) MO. (State or foreign country)
10. Usual occupation MINING
11. Industry or business ____
MOTHER FATHER
12. Name ROBERT HORNSEY
13. Birthplace ENGLAND (City, town, or county) (State or foreign country)
14. Maiden name SARAH EVERETT.
15. Birthplace ENGLAND (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Walter Hornsey.
(b) Address Potosi Mo
17. (a) BURIAL. (Burial, cremation, or removal) (b) Date thereof 11-14-42 (Month) (Day) (Year)
(c) Place: burial or cremation POTOSI MO.
18. (a) Signature of funeral director Boyer Funeral Home
(b) Address Potosi Mo
19. (a) 11-13-1942 (Date received local registrar) (b) Joseph L. Thurman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 12 year 1942 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from Aug. 1, 1942, to Nov. 12, 1942, that I last saw him alive on Nov. 11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis
Due to: Arteria sclerosis
Due to: ____
Other conditions (Include pregnancy within 3 months of death): ____
Major findings: Of operations ____ Of autopsy ____

Duration

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? (Specify type of place) (e) Means of injury ____
23. Signature Joseph L. Thurman (M. D. or other)
Address Potosi, Mo. Date signed 11-13-42

(Licensed Embalmer's Statement on Reverse Side)

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
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RECEIVED

strict Health Officer No. 3

istrict File Number 1242-1404

Date Filed 12-7-42

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. H. Bayer

Licensed ~~Embalmer No.~~ 4158

P. O. Address Potosi 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, above space should be left blank.