

U.S. No. 2  
OM-5-42  
Rev. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 11 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40140  
State File No. 40140  
Registrar's No. 119

Registration District No. 11

Primary Registration District No. 4024

5  
1  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Barry County  
(b) City or town Cassville, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
In this community Most all of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Barry  
(c) City or town Cassville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Preston E. Horine  
(b) If veteran, name war none  
(c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 23rd  
year 1942 hour 10:45 minute A. M.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Emma Horine  
(c) Age of husband or wife if alive 70 years  
7. Birth date of deceased Oct. 31 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased Dec. 11 1942 to Nov 23 1942  
that I last saw him alive on Nov 23 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 0 Days 22  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: Hypertrophy of heart.  
Cirrhosis of the liver  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Purdy Mo. (City, town, or county) (State or foreign country) 0  
10. Usual occupation Mortician

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
17421

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Michel Horine  
13. Birthplace Barry Co. Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Smapthy Fly  
15. Birthplace Barry Co. Missouri (City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Mrs. Emma Horine  
(b) Address Cassville, Missouri  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 25 42 (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Hill  
18. (a) Signature of funeral director Horine & Culver  
(b) Address Cassville, Missouri  
19. (a) Dec 12-1942 (Date received local registrar) (b) Grace William (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_  
23. Signature Herbert K. Sawyer (M. D. or other) M.D.  
Address Cassville Mo. Date signed \_\_\_\_\_

1099

RECEIVED

District Health Officer No. 6,

District File Number 143-22

Date Filed 1-9-43

---

---

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 Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville Missouri

**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.**