

FILED FEB 25 1943
Registration District No. 42

Primary Registration District No. 1000

State File No. _____
Registrar's No. 154

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2825 Penn Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 70 years. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2825 Penn Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Theresa Horton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife James M. Horton

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

7. Birth date of deceased Oct. 16 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 16
If less than one day _____ hr. _____ min.

9. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Wilson

(b) Address 2825 Penn St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Feb. 4, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Joseph W. S. S. S.

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 2-4-43 (b) Rose Herfetz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2nd
year 1943 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from act
10, 1936, to Feb. 2, 1943;
that I last saw her alive on Feb 1, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocardial insufficiency

Due to _____

Due to _____

Other conditions 93e
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 Kurt Blay (M. D. or other) Blay
Address St. Joseph, Mo. Date signed 2-2-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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.....

Albert P. Harrington

Licensed Embalmer No..... 3258

P. O. Address..... St. Joseph, 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.