No. 2
-1-4-41
5-7-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10924

Registration District No. 229 — Primary Registration District No. 4343 — Registrar's No. 18

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town New Florence Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 3 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery 70

(c) City or town 0 (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 0

3. (a) PRINT FULL NAME Ellix Horton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race Col

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

6. (b) Name of husband or wife Belle Horton

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

7. Birth date of deceased July 15 th 1872 (Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Tenn (City, town, or county) 1 (State or foreign country)

10. Usual occupation Stave Cutter

11. Industry or business

FATHER
12. Name Ruf Horton
13. Birthplace No (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Bettie Hxxkx Williams
15. Birthplace Tenn (City, town, or county) 1 (State or foreign country)

16. (a) Informant Bettie Fuller

(b) Address New Florence Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-43 (Month) (Day) (Year)

(c) Place: burial or cremation Caloons Hollow Cem

18. (a) Signature of funeral director C.W. Hopkins

(b) Address Montgomery City Mo

19. (a) March 9-43 (Date received local registrar) (b) Mrs Elmer Zweifel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 6 x year 1943 hour 12 minute 20 am M.

21. I hereby certify that I attended the deceased from Feb 20, 1943, to Mar- 6, 1943 that I last saw him alive on Mar 4, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Dilitation Rt. Ventricle of Heart	3 days
Due to Cerebral Haemorrhage	14 days
Due to Lues	?
Other conditions (Include pregnancy within 3 months of death)	

830

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature James O. Helm (M. D. or other)

Address New Florence Mo. Date signed 3-6-43

(Licensed Embalmer's Statement on Reverse Side)

1061

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 on the 6 t

day of March 1943, Registered Apprentice No.

working under my personal supervision.

Signed C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

V. S. No. 2B
10M—8-21-41
[redacted] I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 70924

Registration District No. 229 Primary Registration District No. 4343 Registrar's No. 18

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

1. PLACE OF DEATH:
(a) County: Montgomery
(b) City or town: New Florence
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Montgomery
(c) City or town: New Florence, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: None
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Elliz Horton
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: B
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: July (Month) 15 (Day) 1872 (Year)
8. AGE: Years 70 Months 7 Days 6 If less than one day hr. min.
9. Birthplace: (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 6 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

5-10924