

FILED APR 9 1943
2921

Registration District No.

Primary Registration District No. 3056

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Randolph

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

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

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

In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 816 So. Williams
(If rural, give location)

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

3. (a) PRINT FULL NAME George S. Horn

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. 702-05-8178

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st
year 1943 hour 11 minute 55 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Eunice

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

7. Birth date of deceased March 24th 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 23, 1943, to March 31, 1943, that I last saw him alive on March 31, 1943, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>0</u>	<u>7</u>	_____ hr. _____ min.

Immediate cause of death: cerebral hemorrhage

Due to Hypertension

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

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

10. Usual occupation Car Distributor

11. Industry or business Wabash. R.R.

12. Name Theodore Horn

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

14. Maiden name Bebeana Koltz

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

16. (a) Informant Mrs. G. S. Horn

(b) Address Moberly

17. (a) Burial (b) Date thereof April 3rd 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo.

18. (a) Signature of funeral director Mahaw and Son

(b) Address Moberly, Mo.

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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) no

(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 Eric Handes (M. D. or other) _____
Address Moberly, Mo. Date signed April 24th

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

3068

88
3

APR 21 1948

OCT 25 1948

RECEIVED

District Health Officer No. 10

District File Number 4-43671

Date Filed APR 8 1949

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Mokey, 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.