

1. PLACE OF DEATH:

(a) County Wade  
(b) City or town Rural ; Pilgrim  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Northwest of Everton Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether  
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wade  
(c) City or town Rural ;  
(If outside city or town limits, write "RURAL")  
(d) Street No. Pilgrim Twpsh. (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Joseph Franklin Horton

3. (b) If veteran, name war No 3. (c) Social Security No. NO

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Nancy Ann Horton 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 23 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 1 27 hr. min.

9. Birthplace Wade Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business Agriculture

MOTHER FATHER

12. Name Isaac Horton  
13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Belle York  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. F. Horton

(b) Address Everton Mo.

17. (a) Burial (b) Date thereof 4-21-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Ward Funeral Home

(b) Address Greenfield, Missouri

19. (a) April 24/43 (b) Phyllis Lack  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20  
year 1943 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from 10/8/1941 to 4/19/1943  
that I last saw him alive on 4/19/43 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION

Due to CORONARY Sclerosis

Due to

Other conditions 9/4  
(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 A. F. Stegner (M. D. or other) DO  
Address Everton Mo. Date signed 4/21/43

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

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FILED MAY 24 1943 93

1082

RECEIVED

District Health Officer No. 6,

District File Number 543-640

Date Filed MAY 20 1949

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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 Sam E. Senseney Jr

Licensed Embalmer No. 4099

P. O. Address Shenfield 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.