

Registration District No. 3000

Primary Registration District No. 3000

Registrar's No. 28

5030

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

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Festus  
(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 years, months or days)

In this community 50 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No. Ann St.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna Laura Horridge

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

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Daniel Horridge

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

7. Birth date of deceased Feb. - 12 - 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>2</u>	<u>6</u>	.....hr. ....min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER, FATHER

12. Name Thomas W. Jones

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

14. Maiden name Unknown

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

16. (a) Informant Geoffrey Horridge

(b) Address 4411 R. Gibson Bv. St. Louis Mo.

17. (a) Burial (b) Date thereof 4-20-43  
(Burial, cremation, or removal) (Month), (Day) (Year)

(c) Place: burial or cremation Festus Presbyterian Cem

18. (a) Signature of funeral director H. S. Chuyard

(b) Address Festus Mo.

19. (a) 4-20-43 (b) H. C. Wiley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18  
year 1943 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from April 16  
....., 1943, to April 18, 1943  
that I last saw h. alive on April 17, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Central Pneumonia

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

Duration

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?.....

While at work?.....  
(Specify type of place) (e) Means of injury

23. Signature J. J. Donnell D (M. D. or other) M.D.  
Address Crystal City Mo Date signed April 19

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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..... *A. Stuyard* .....  
Licensed Embalmer No. *3010* .....  
P. O. Address *Festus 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.**