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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

LED AUG 9 1943

Registration District No. 276

Primary Registration District No. 5947

Registrar's No.

1. PLACE OF DEATH:

(a) County Phelps

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

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

(d) Length of stay: In hospital or institution 12 hrs
(Specify whether)

In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps

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

(d) Street No. 103 Reed St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME George Westly Horron

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

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1943 hour 10 minute 40 P.

21. I hereby certify that I attended the deceased from July 9-11 1943, to July 13 1943, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Cauc

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

6. (b) Name of husband or wife Zorada Horron 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Jan 10, 1870
(Month) (Day) (Year)

Immediate cause of death: Stenoplegia

Duration

8. AGE: Years 73 Months 5 Days 29 If less than one day hr. min.

Due to Metastatic carcinoma

Due to ?

Other conditions: Ch. Intestinal neoplasia
(Include pregnancy within 3 months of death)

9. Birthplace: Memphis Ind
(City, town, or county) (State or foreign country)

10. Usual occupation: Medical Doctor

Major findings: 1312

Of operations: ✓

Of autopsy: ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business: Medical Doctor

12. Name: Stephen W. Horron

13. Birthplace: Mo. Know
(City, town, or county) (State or foreign country)

14. Maiden name: Jennie Horron

15. Birthplace: Mo. Know
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place)

(e) Means of injury no

23. Signature: E. W. Scott (M. D. or other) no

Address: James W. Scott Date signed: 7-11-43

16. (a) Informant: Walton & Argo Horron

(b) Address: Reed

17. (a) Burial (b) Date thereof: July 11, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Reed

18. (a) Signature of funeral director: Thelma

(b) Address: 508 W 8th W Reed, Mo.

19. (a) 7-10-1943 (b) Charcie Reitsman
(Date received local registrar) (Registrar's signature)

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.....

S. L. Mues

Licensed Embalmer No.....

3397

P. O. Address.....

Rollew 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.