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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27650

Registration District No. 38 — Primary Registration District No. 3006 — Registrar's No. 186

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

1. PLACE OF DEATH:

(a) County: Boone

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

(c) Name of hospital or institution: 7 Allen Place / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 8 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone 10

(c) City or town: Columbia 2 (If outside city or town limits, write "RURAL") 4

(d) Street No.: 7 Allen Place (If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: JOHN FRANCIS HORTENSTINE

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: 0 White

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

6. (b) Name of husband or wife: Minnie Ella Hortenstine

6. (c) Age of ~~husband~~ or wife if alive: 70 years

7. Birth date of deceased: 2 - 14 - 1868 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	5	21	hr. min.

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

10. Usual occupation: Retired Teacher

11. Industry or business:

FATHER
12. Name: Henry Hortenstine
13. Birthplace: (City, town, or county) Illinois / (State or foreign country)

MOTHER
14. Maiden name: Catherine Gardner
15. Birthplace: Not Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Mrs. J.F. Hortenstine

(b) Address: 7 Allen Place, Columbia, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 8-7-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Elwood Cemetery, Marceline, Mo.

18. (a) Signature of funeral director: Parker Funeral Service

(b) Address: Columbia, Mo.

19. (a) 8-7-1943 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5 year 1943 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from 2-2 1942 to 8-5-1943 that I last saw h..... alive on Do not know 19..... and that death occurred on the date and hour stated above.

Immediate cause of death: My & Cardiac Serial yrs.

Due to: Do not know

Due to:

Other conditions: (Include pregnancy within 3 months of death) 93

Major findings: Of operations: None

Of autopsy: None

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): 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? No (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: W. D. Dysart (M. D. or other) MD

Address: Columbia Mo. Date signed: 8-6-43

1250

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4132

P. O. Address.....

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.