

FILED OCT 20 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35202
Do not use this space.

1. PLACE OF DEATH

(a) County Madaway Co Registration District No. 249
(b) Township Union Primary Registration District No. 4371
(c) City Elmo (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Malinda-Ellen-Horn

(a) Residence, No. Elmo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James D. Horn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-26-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 1 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madaska, Iowa

13. NAME James K. Polk Bouman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Frances Sharp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Park Co, Indiana

17. INFORMANT (ADDRESS) Mrs. Zetta W. Gaskill
Elmo Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE High Prairie Cemetery DATE Oct 24 1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Price's Funeral Home
Waverly, Mo.

20. FILED 10 24 1943 W. H. Carpenter
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22 1943

22. HEREBY CERTIFY, That I attempted deceased from Sept 1 1943 to Sept 22 1943
I last saw her alive on Sept 22 1943 Death is said to have occurred on the date stated above, at 7:55 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Vascular Occlusion Date of onset 2 weeks
94a

Other contributory causes of importance
Pulmonary Hypertension 1 day
Senile Arteriosclerosis years

Name of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Manville D. M. D. M. D.
Elmo - Mo. (Address)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 13 1945

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.....

W. L. Bee

Licensed Embalmer No. *2539*

P. O. Address *Marysville 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, above space should be left blank.