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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1943

Registration District No. 10

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No. 37633

Registrar's No. 147

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: Audrain Hospital
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Mexico 1 2
(If outside city or town limits, write "RURAL")

(d) Street No. 404 E. Promenade St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Reginald Albert Horn

3. (b) If veteran, name war None

3. (c) Social Security No. 489-14-7699

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased December 28, 1909
(Month) (Day) (Year)

8. AGE: Years 34 | Months 9 | Days 25 | If less than one day hr. min.

9. Birthplace Pike County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Chichen hatchery

FATHER
12. Name William Horn
13. Birthplace Marion County, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Snedigar
15. Birthplace Pike County, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Sanders
(b) Address R.#3, Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 21, 43 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Cemetery, Ralls County, Mo.

18. (a) Signature of funeral director Ted E. Quick
(b) Address Mexico, Mo.

19. (a) 10/20/43 (Date received local registrar) (b) Margaret H. Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19
year 1943 hour 9 minute 00 a.m.

21. I hereby certify that I attended the deceased from Oct. 16, 1943 to Oct. 19, 1943; that I last saw him alive on October 18, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	
Hypostatic Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Interstitial Nephritis	
Anemia	

Major findings:
Of operations 131a
Of autopsy

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

23. Signature J. Frank Jolley (M. D. or other) M.D.
Address Mexico, Mo. Date signed 10/19/43

107F

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-43-1941
Date Filed DEC 13 1943

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 Earl E. Precht, Registered Apprentice No. working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.