

Registration District No. 47

Primary Registration District No. 3008

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hospital No 12  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 10 mo 6 d  
(Specify whether years, months or days)

In this community yes (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

3. (a) PRINT FULL NAME Thomas C. Horn

3. (b) If veteran, name war LTK

3. (c) Social Security No. DK

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married Married

6. (b) Name of husband or wife Lutthera Mc Cormack Horn 6. (c) Age of husband or wife if alive 127 1/2 years

7. Birth date of deceased Feb 13 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>9</u>	<u>27</u>	hr. _____ min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Stephen Horn

13. Birthplace Pike County Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Glapsock

15. Birthplace Pike County Mo 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Record

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 12-13-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana Mo  
Buried in Home

18. (a) Signature of funeral director George H. Ruess

(b) Address Louisiana Mo

19. (a) 12-10-1943 (b) Joak Mosekoff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10  
year 1943 hour 4-10 minute 9 M.

21. I hereby certify that I attended the deceased from 9/9/1943 to 12/10/1943  
that I last saw him alive on 12/9/1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Cerebral Hemorrhage

Due to Atherosclerosis

Other conditions (include pregnancy within 3 months of death) 93el

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 George H. Ruess (M.D. or other) M.D.  
Address Fulton Mo Date signed 12/10/43

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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. ~~4039~~ working under my personal supervision.

Signed

*J. B. Sterne*

Licensed Embalmer No. *4039*

P. O. Address *Louisiana, 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.**