S. No. 2
OM—2-43
v. 5-17-39
P 1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14905

Registration District No. FILED APR 26 1944 Primary Registration District No. 2001 Registrar's No. 177

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether years, months or days)
In this community 38 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 822 Seneca Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Della Frances Hornor
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Millard H. Hornor
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 2, 1902 (Month) (Day) (Year)
8. AGE: Years 41 Months 5 Days 2 If less than one day hr. min
9. Birthplace Shannon county (City, town, or county) Missouri (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER 12. Name L. H. Lewis
FATHER 13. Birthplace Lacleade county, Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Rosie Paige
MOTHER 15. Birthplace Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant Millard H. Hornor
(b) Address 822 Seneca, Joplin, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/13/44 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cemetery
18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Mo.
19. (a) 4-6-44 (Date received local registrar) (b) Gertrude Sudhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1944 hour 3 minute 55 P M.
21. I hereby certify that I attended the deceased from Dec 1943 to 4/4 1944 that I last saw her alive on 4/4 1944 and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatosis of Pelvis — Duration 1 yr.
Due to Primary Squamous Cell Carcinoma of Cervix — 1½ yr.
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations H&A
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 (Means of injury)
23. Signature (M. D. or other)
Address Date signed 4/4/44

1204

(Licensed Embalmer's Statement on Reverse Side)

44-4-327

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.