

FILED MAY 10 1944

Registration District No. 325

Primary Registration District No. 6098

Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County Schuyler

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 87 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Schuyler

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

(d) Street No. Liberty hwy
(If rural, give location)

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

3. (a) PRINT FULL NAME DAVID HORTON

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 8
year 44 hour 0 minute 0 M.

21. I hereby certify that I attended the deceased from 4
1944 to 0, 1944

that I last saw h..... alive on 0, 1944
and that death occurred on the date and hour stated above.

4. Sex M race W

5. Color or divorced 9

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife Rachel Horton

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

7. Birth date of deceased Oct 6 1857
(Month) (Day) (Year)

Immediate cause of death Cardiovascular

Due to disease

Due to 131R

Other conditions 131R
(Include pregnancy within 3 months of death)

8. AGE: Years 86 Months 5 Days 29
If less than one day hr. 0 min. 0

9. Birthplace Schuyler (City, town, or county) MO (State or foreign country)

10. Usual occupation Highwayman

11. Industry or business Mortgage

12. Name J. Johnson

13. Birthplace W (City, town, or county) 9 (State or foreign country)

14. Maiden name W

15. Birthplace Many Horton (City, town, or county) 9 (State or foreign country)

16. (a) Informant Jack Whitman

(b) Address Moulton La

17. (a) Burial (b) Date thereof Apr. 3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove

18. (a) Signature of funeral director P. O. Fenton

(b) Address Janeaston MO

19. (a) Apr. 6, 1944 (b) A. O. Justice
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations 131R

Of autopsy 131R

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

(c) Where did injury occur? (City or town) (County) (State) 0

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? (Specify type of place) (g) Means of injury 0

23. Signature Puffert (M. D. or other) 0

Address Continental mo Date Apr 4-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 5-44-918

Date Filed MAY 9 1944

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 PO Fenton

Licensed Embalmer No. 3705

P. O. Address Lawrence m

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.