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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 24 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17909

State File No.

Registration District No. 101 Primary Registration District No. 2399 Registrar's No. 35

1. PLACE OF DEATH:
(a) County: Douglas
(b) City or town: McClurg Rural Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days): In this community: 57 yr

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

34
0
0

3. (a) PRINT FULL NAME: Minta Horner
3. (b) If veteran, name war: No
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: Fred Horner
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: August (Month) 15 (Day) 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
57	8	14	hr. min.

9. Birthplace: McClurg, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: John Bates,
13. Birthplace: Cole County, Missouri (City, town, or county) 0 (State or foreign country)
MOTHER 14. Maiden name: Amercia Hushe
15. Birthplace: Ky. (City, town, or county) (State or foreign country)
16. (a) Informant: Fred Horner
(b) Address: McClurg, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-2-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Bethal
18. (a) Signature of funeral director: Clinkingbeard Funeral Home
(b) Address: Ava, Missouri
19. (a) 5-1-1944 (Date received local registrar) (b) Mrs. J. R. Spurlock (Deputy Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1944 hour 5. minute 30 P.M.
21. I hereby certify that I attended the deceased from March 1944 to April 29 1944 that I last saw her alive on April 29. 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Breast	6 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

50

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: R M Norman (M. D. or other)
Address: Ava Mo Date signed: 5/1/44

1056

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 544-597
Date Filed MAY 17 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 W. B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Ona Mo

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

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