

FILED JUN 6 1944  
Registration District No. 293

Primary Registration District No. 4383

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Graham  
(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 & location)

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

In this community Most all of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway<sup>74</sup>

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

(d) Street No. 0  
(If rural, give location)

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

3. (a) PRINT FULL NAME Sarah Elizabeth Horn

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12  
year 1944 hour 6 minute 45 P. M.

4. Sex F

5. Color or race W

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

7. Birth date of deceased April 28 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-9-1942 to 5-6-1944  
that I last saw her alive on May 12, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration ?

8. AGE: Years 76 Months 4 Days 28  
If less than one day hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Onida, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Stenographer

Other conditions Fracture of femur  
(Include pregnancy within 3 months of death)  
5 weeks previous

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

12. Name Levi Robbins

13. Birthplace Unknown, Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Fisher

15. Birthplace Nodaway, Illinois  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: 1864

Of operations \_\_\_\_\_

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

16. (a) Informant Mrs. Horn

(b) Address Skidmore, Mo.

17. (a) Burial (b) Date thereof 5-15-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Skidmore, Mo.

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

(c) Accident, suicide, or homicide (specify) accident 074

(b) Date of occurrence 4-5-44

(c) Where did injury occur? Graham, Nodaway, Mo.  
(City or town) (County) (State)

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

18. (e) Signature of funeral director Campbell Funeral Home

(b) Address 957 South Main, Marshall, Mo.

(a) May 12-44 (b) Mr. Ralph Stott  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (e) Means of injury Fall

23. Signature A. G. Burtton (M.D. or other)  
Address Skidmore, Mo. Date signed 5-15-44

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

400

1270

FEB 26 1945 MAR 13 1945

APR 20 1941

JAN 21 1948

DEC 28 1947

NOV 1 1948

DEC 1 1947

JAN 12 1945 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 *William Campbell*

Licensed Embalmer No. *2620*

P. O. Address: *Maryville 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.