. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24571

State File No.

Registration District No. 104

Primary Registration District No. 4176

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Dunklin

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

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

(d) Length of stay: In hospital or institution No (Specify whether
In this community 3 Hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town La Forge 72
(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 1

3. (a) PRINT FULL NAME BABY HORNBACK

3. (b) If veteran name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE

5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased June (Month) 27 (Day) 1944 (Year)

8. AGE: Years | Months | Days | If less than one day 6 hr. 30 min.

9. Birthplace La Forge (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Child

11. Industry or business ✓

FATHER
12. Name Floyd Hornback
13. Birthplace Hyti (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Willie Jackson
15. Birthplace Double Springs (City, town, or county) Alabama (State or foreign country)

16. (a) Informant Floyd Hornback
(b) Address New Madrid, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen New Madrid

18. (a) Signature of funeral director Friends
(b) Address La Forge, Mo.

19. (a) 7-31-44 (Date received local registrar) (b) T D Elder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 44 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 27 1944 to June 27 1944
that I last saw her alive on June 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth. | Duration 7 mo.

Due to

Due to

159

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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? (e) Means of injury

23. Signature Dr. Carlstein (M. D. or other) DC

Address Malden Date signed June 27/44

1288

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 844-1121
Date Filed 8-10-44

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 Not Embalmed

Licensed Embalmer No. .....

P. O. Address .....

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.