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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1944

Registration District No. 23

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31406

Primary Registration District No. 4378

Registrar's No. ~~136~~ 137

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Most of Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Belt Horton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Rebecca Jane Fannon

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Aug (Month) 17 (Day) 1860 (Year)

8. AGE: Years 84 Months 0 Days 14 If less than one day hr. min.

9. Birthplace Wise County (City, town, or county) Virginia (State or foreign country)

10. Usual occupation Farming

11. Industry or business Stock Raising

FATHER
12. Name Harvey Nelson Horton
13. Birthplace Wise County (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Ellen Minifee
15. Birthplace Wise County (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Rebecca Horton

(b) Address Ravenwood Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 3 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Ravenwood Mo

18. (a) Signature of funeral director John Andrews Jr

(b) Address Grant City Mo

19. (a) Sept-12-44 (Date received local registrar) (b) Guy Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 1 year 44 hour minute 9 P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chr Myocarditis Hypertension

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

93d

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 J. M. Bogles D (M. D. ~~or other~~)

Address Maryville Date signed 8-7-44

1349

(Licensed Embalmer's Statement on Reverse Side)

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 John Andrews Jr. Registered Apprentice No. ....., working under my personal supervision.

Signed John Andrews Jr.

Licensed Embalmer No. 4211

P. O. Address Grant City 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.