

S. No. 2
M-8-43
5-17-39
PI X37623

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1992

State File No.

Registrar's No. 1

FILED FEB 6 1945
Registration District No. 67

Primary Registration District No. 5264

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

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1. PLACE OF DEATH:

(a) County Christian

(b) City or town Bradleyville Seneca Twp
(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 1
(Specify whether)

In this community 1
years, months or days

3. (a) PRINT FULL NAME Thomas S. Horner

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary Jane Horner

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased August 14, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	4	14	hr. min.

9. Birthplace Green County, Missouri 11
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER

12. Name Tom Horner

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

14. Maiden name Loam Smith

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

16. (a) Informant Gary Horner

(b) Address Bradleyville, Mo.

17. (a) Burial (b) Date thereof 12-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Grove

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 2-3-1945 (b) Mrs S. M. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian 22

(c) City or town Bradleyville 9
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No) 11
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
year 1944 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from Dec 10, 1944
Dec. 26, 1944 to Dec 26, 1944
that I last saw him alive on Dec 26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Atrial Fibrillation
with Mitral Insufficiency

Due to ins mitral insufficiency

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 92
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 J. J. Johnson (M. D. or other)

Address C. O. Johnson Date signed 1-1-45

1258

(Licensed Embalmer's Statement on Reverse Side)

It was Mr. Hornor's request that his body not be embalmed

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 Oran Reed

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.