No. 2
-8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7372

State File No. .....

FILED MAR 8 1945

Registration District No. 336 Primary Registration District No. 6209 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Texas

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

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

(d) Length of stay: In hospital or institution 8 Mos. (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas

(c) City or town Houston - Rural 101
(If outside city or town limits, write "RURAL")

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

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

If yes, name country .....

3. (a) PRINT FULL NAME John Edward Horne

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

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

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Sept (Month) 10 (Day) 1877 (Year)

8. AGE: Years 67 Months 5 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Nodaway Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name A. D. Horne
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. McBride Supt of Co. Home
(b) Address Houston Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28 45 (Month) (Day) (Year)
(c) Place: burial or cremation Houston

18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address Cabool Mo

19. (a) Feb. 28-45 (Date received local registrar) (b) Mrs. Ella Duff (Registrar's signature)

12 [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1945 8 hour ..... minute P. M.

21. I hereby certify that I attended the deceased from OCT, 1944, to FEB 24, 1945 that I last saw him alive on JAN 16, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION

Due to HYPERTENSIVE CARDIO-RENAL VASCULAR DISEASE

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy 131a

Duration

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 L. M. Dillman (M. D. or other) H.D.

Address Houston Mo Date signed 2-27-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
D[illegible] Health Officer No. 5,
District File Number 345.1.42
Date Filed 3, 7, 45

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, Md

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.