S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 4 1945

Registration District No. 231

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4346

State File No. 10248

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Montgomery
(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 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Rural 70
(If outside city or town limits, write "RURAL")

(d) Street No. 5 miles East Montgomery Mo
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Isom R. Horton

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 M

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

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 4-26-1877
(Month) (Day) (Year)

8. AGE: Years 67 | Months 10 | Days 19 | If less than one day hr. min.

9. Birthplace New Florence Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business 9

FATHER
12. Name Josua Horton
13. Birthplace Un Known
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marthe Williams
15. Birthplace Un Known
(City, town, or county) (State or foreign country)

16. (a) Informant Lydia Horton
(b) Address New Florence Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-45
(Month) (Day) (Year)
(c) Place: burial or cremation Prices Branch Mo

18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City Mo

19. (a) Mch 19-1945 (Date received local registrar) (b) Mrs C E Vandaveer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 15
year 1945 hour 6 minute 20 am

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

Immediate cause of death Multiple traumatic injuries, (Broken ribs, compound fracture left leg, broken right and ~~###~~ left arms, broken neck)

Duration

Due to being hit while hurriedly crossing R.R. tracks in front of moving

Other conditions East bound Wabash passenger train #18
(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) Accident 70

(b) Date of occurrence 15 March 1945 0

(c) Where did injury occur? Montgomery City Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place, Wabash R.R. Station
(Specify type of place)

While at work? no (e) Means of injury impact

23. Signature Clement W Lennert O.D. (M.D. or other) Coroner

Address Montgomery City MO Date signed 3/16/45

1060

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 4-3-45

JUN 27 1949

JUN 27 1949

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 on the I5 th day of March I945, Registered Apprentice No. ——, working under my personal supervision.

Signed C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery 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.