

No. 2
4-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14081

State File No. _____

FILED APR 19 1945

Registration District No. 337

Primary Registration District No. 4353

Registrar's No. 8

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Dudon Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home of C. C. Huntington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 3 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State La (b) County 999
(c) City or town Oak Grove MS
(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 Mary Horton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W
6. (a) Single (b) Divorced
6. (c) Age of husband or wife if _____
alive _____ years
7. Birth date of deceased Dec 24 - 1925
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 3 7 hr. min.

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

10. Usual occupation Homemaker

11. Industry or business _____

12. Name W. M. Horton

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

14. Maiden name Kary Rose

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

16. (a) Informant Mr. C. C. Huntington

(b) Address Dudon Mo.

17. (a) Buried (b) Date thereof 4-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden

18. (a) Signature of funeral director Landis F. Home

(b) Address Campbell Mo

19. (a) April 5 - 1945 (b) J. G. Maccon
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1945 hour 5 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 1 - 1945
to April 1 - 1945
that I last saw her alive on April 1 - 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations 920
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) no

(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?
While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. G. Maccon (M. D. or other)

Address Dudon Mo. Date signed April 1945

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

2
1
0

RECEIVED

District Health Office No. 2,

District File Number 445-229

Date Filed APR 11 1945

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 *E. W. Anderson*

Licensed Embalmer No. 2289

P. O. Address *Campbell*

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.