

FILED MAY 11 1945

Registration District No. 213

Primary Registration District No. 4458

Registrar's No. 3

1. PLACE OF DEATH:

(a) County St. Clair Collins

(b) City or town Collins Collins

(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 All of Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair 93

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

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

(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country _____

3. (a) PRINT Sarah Elizabeth Horn
FULL NAME

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1945 hour 3 minute 45p M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife D.A. Horn

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased November 21 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 5
1945, to Apr 6 1945,
that I last saw her alive on Apr 6 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 4 Days 15
If less than one day _____ hr. _____ min.

Immediate cause of death acute myocarditis Duration _____

9. Birthplace St. Clair County Missouri 0
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Housekeeping

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

11. Industry or business _____

Major findings: Of operations _____

12. Name Joseph Higgins

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

14. Maiden name Sarah Lawler 9
(City, town, or county) (State or foreign country)

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

16. (a) Informant D.A. Horn

(b) Address Collins

17. (a) Burial (b) Date thereof 4-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robinson Cemetery

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

(b) Address Oseola Missouri

19. (a) 479-41 (b) Nate Smith
(Data received local registrar) (Registrar's signature)

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? XXXX (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 T. E. D. Brown (M.D. or other) Do
Address Collins Mo Date signed 4-9-45

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

73
00

RECEIVED

Dis. Officer No. 7,

4-45-43-3

Date Filed

5-10-45

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

Paul J. Stone

Licensed Embalmer No. 3990

P. O. Address Osceola 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.