S. No. 2
M—8-43
. 5-17-39
p I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1945

Registration District No. 3-3

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20068

Primary Registration District No. 3011

Registrar's No. 3-3

1. PLACE OF DEATH:
(a) County Carrollton
(b) City or town Carrollton
(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 years, months or days)
In this community many years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Carroll
(c) City or town Carrollton 17
(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 HORACE THOMAS CASH
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 Widowed
6. (b) Name of husband or wife Nina Smith
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Nov. (Month) 2 (Day) 1874 (Year)

8. AGE: Years 70 | Months 6 | Days 30 | If less than one day ..... hr. ..... min.

9. Birthplace Chariton Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name James Cash
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant John Perry
(b) Address Bosworth Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-45 (Month) (Day) (Year)
(c) Place: burial or cremation Bennett Cem.
18. (a) Signature of funeral director Standley
(b) Address Carrollton Mo
19. (a) 6-2-45 (Date received local registrar) (b) Mrs Jamie Reffett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1945 hour 2 minute 00 A.M.
21. I hereby certify that I attended the deceased from 5-23, 1945, to June 1, 1945 that I last saw him alive on 5-30, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Uremia	1 day
Due to: Prostatic Obstruction urinary tract	Don't Know
Due to:	
Other conditions (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)
(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 Buford L. Colon (M. D. or other)
Address Carrollton Missouri Date signed 6-2-45

1053

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/11/45

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.