

Registration District No. 368

Primary Registration District No. 6248

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Richwoods, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Richwoods Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

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

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

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

3. (a) PRINT FULL NAME Ernest Tymon Horize

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12
year 1945 hour 3:00 PM minute _____ M.

21. I hereby certify that I attended the deceased from 1944, 1944 to 7-13-1, 1945
that I last saw living alive on 8-12, 1945
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

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 May 25 1885
(Month) (Day) (Year)

Immediate cause of death Angina Pectoris

Duration _____

Due to _____

Due to _____

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

8. AGE: Years 60 Months 2 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation blind (no occupation)

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Frank M. Horine

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

14. Maiden name Eliza Murdock

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

16. (a) Informant Cora Gambell
(b) Address Hetcher, Mo.

17. (a) Burial (b) Date thereof August 14 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Horine Cemetery

18. (a) Signature of funeral director Roger P. Mitchell
(b) Address Richwoods, Mo.

19. (a) 8/12/45 (b) _____
(Date 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? _____ (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)

Means of injury _____

23. Signature C. W. Parker (M. D. or other) _____
Address Richwoods, Mo. Date signed 8/13-45

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

RECEIVED

District Health Officer No. 4

District File Number 945-1036

Date Filed 9-6-45

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.....

Sherwood W Mitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, 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.