

FILED DEC 3 1945
Registration District No. 130

Primary Registration District No. 5468

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Rural Taylor Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Strafford, Mo. Route 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution all her life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JIMMIE ANN HORTON

3. (b) If veteran, name war None

3. (c) Social Security No. nona

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Oscar A. Horton

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 7, 1947
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	3	24	hr. min.

9. Birthplace Greene County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Hugh L. Cunningham

13. Birthplace Greene County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Camp

15. Birthplace Greene County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar A. Horton

(b) Address Route 1, Strafford, Missouri

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Nov. 4, 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Panforth

18. (a) Signature of funeral director Fred C. Thiorp

(b) Address Springfield, Missouri

19. (a) Nov-5-1945
(Date received local registrar)

(b) Louise G. Guier
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Greene

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

(d) Street No. Strafford, Mo. Route 1
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31st
year 1945 hour 10:50 PM minute M.

21. I hereby certify that I attended the deceased from 1939, 1945 to Oct. 31, 1945
that I last saw her alive on Oct. 25, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Recurrent carcinoma of breast

Due to 2 years

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings: Of operations 50

Of autopsy

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)

(e) Means of injury

23. Signature R. H. Focht (M. D. or other) MD.
Address Strafford Mo. Date signed 11/3/45

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..... *Ralph H. Thieme*

Licensed Embalmer No. 3681.....

P. O. Address Springfield, 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.