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7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40445**

FILED JAN 5 1946
Registration District No. **403-4-23**

Primary Registration District No. **4034**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Hume Howard Twp.
(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 all life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Hume
(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 Charles Edward Horton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1945 hour 12:15 minute _____ P: _____ M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Emma Horton

6. (c) Age of husband or wife if alive 62 years

I hereby certify that I attended the deceased from Dec 19 1945 to Dec 19 1945

that I last saw him alive on Dec 19 1945 and that death occurred on the date and hour stated above.

Immediate cause of death _____

7. Birth date of deceased March 11, 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>9</u>	<u>8</u>	hr. _____ min. _____

Duration _____

Coronary Occlusion 1 yr

Due to Arterio Sclerosis 1 yr

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

10. Usual occupation Hardware Dealer

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

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Chas. Edward Horton

13. Birthplace no record

14. Maiden name Helen Jane Hill

15. Birthplace no record

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant James Boughan

(b) Address Rich Hill, Missouri

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 12-24/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hume Cemetery

(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? _____

18. (a) Signature of funeral director Butler, Missouri

(b) Address _____

19. (a) Dec 24 '45 (b) Fern H. Martin
(Date received local registrar) (Registrar's signature)

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

23. Signature [Signature] (M. D. _____)
Date signed 12/24/45

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

RECORDED

Date

No. 7,
12-45-1252
1-3-46

APR 22 1953

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

John G. Blunden

Licensed Embalmer No. 3583

P. O. Address Butter 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.