V. S. No. 2
00M—2-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

5465

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6506

State File No.

Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 62

1. PLACE OF DEATH:

(a) County Mississippi

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

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

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

In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mississippi

(c) City or town East Prairie Mo (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WILLIAM KNOX HORSLEY

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 11 (Day) 1877 (Year)

8. AGE: Years 68 Months 2 Days 24 If less than one day hr. min.

9. Birthplace Davis Co. (City, town, or county) Ky. 1 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

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

MOTHER
14. Maiden name Lucie Powers
15. Birthplace Hancock Co. (City, town, or county) Ky. 1 (State or foreign country)

16. (a) Informant Floyd Horsley

(b) Address East Prairie, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-46 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Travis Shelby

(b) Address East Prairie, Mo.

19. (a) 3-15-46 (Date received local registrar) (b) Gertrude G. Harper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5 year 1946 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 30, 1946 to Feb 5, 1946 that I last saw him alive on Jan 30, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy — Duration 5 days

Due to Arterio Sclerosis

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 0

23. Signature J. C. Martin (M. D. or other)

Address East Prairie Mo Date signed 2-6-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 346-379
Date Filed 3/13/46

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie 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.