

FILED MAR 29 1946 STANDARD CERTIFICATE OF DEATH

Registration District No. 383

Primary Registration District No. 5655

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Mr. Vernon  
(c) Name of hospital or institution: X Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In-hospital or institution 1  
(Specify whether

In this community over 2 years  
years, months or days)

3. (a) PRINT FULL NAME

Chauncey Jonathan Horton

3. (b) If veteran, name war X

3. (c) Social Security No. 1

4. Sex Male 5. Color of hair White 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Lora Mae 6. (c) Age of husband or wife if alive Deal years

7. Birth date of deceased Dec 16 1860  
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 23 If less than one day hr. min.

9. Birthplace Lawa, Jones Co., Ia  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name Stell Horton

13. Birthplace Lawa, Ia  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Stell

15. Birthplace Peru, Ia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ruby Lee

(b) Address Mr. Vernon

17. (a) Removal (b) Date thereof 2-11-46  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Ohio Cemetery, Boyles Ia

18. (a) Signature of funeral director Geo B Orr

(b) Address Mr. Vernon

19. (a) 2/11/46 (b) D. P. Philbrick  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Mr. Vernon Mo 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9th  
year 1946 hour 9:45 minute A.M.

21. I hereby certify that I attended the deceased from Dec 23  
1945 to 2-9 1946

that I last saw him alive on 2-8 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchitis

Due to

Due to Malnutrition  
Refusal to eat

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 106  
Of autopsy

Duration

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)

Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature Kenneth Blom (M. D. or other)

Address Mr. Vernon Mo Date signed 2/11/46

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

8892

55  
00

RECEIVED

District Health Officer No. 6;

District File Number 346-368

to Filed MAR 25 1946

3-9  
40

2-2-46

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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.....

Licensed Embalmer No.....

P. O. Address.....

*George B Orr*  
*946*  
*Plt Vernon J M*

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.