

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 316

Primary Registration District No. 4461

Registrar's No. 79

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Bismarck, Mo.  
(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  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Mr. Robert C. Horton  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mr. Elmer Horton 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased August 19 1881  
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Mr. John Horton  
13. Birthplace Bismarck, Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Armentia Gridel  
15. Birthplace Bismarck, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Vernon Horton, Son

(b) Address St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7 - 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Masonic C. Bismarck, Mo.

18. (e) Signature of funeral director Alvin W. Hord

(b) Address 323 Crane St. J. H. R. Co., Mo.

19. (c) 3/11/46 (Date received local registrar) (b) Esther Riedloff (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Bismarck, Mo. (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6  
year 1946 hour 1:30 minute P M.

21. I hereby certify that I attended the deceased from Feb. 5 - 1946 to March 6 - 1946  
that I last saw him alive on March 6 - 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to Hypertension  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy 94  
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?

While at work (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature A. W. Gale (M. D. or physician)  
Address Bismarck, Mo. Date signed 3/11/46

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

RECEIVED

Public Health Officer No. 4  
District File Number 446-1972  
Date Filed 4-9-46

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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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Fall River, Ma

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.