

No. 2
-2.43
-17.39
X35807

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

13975

FILED APR 18 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 243

Primary Registration District No. 5837

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Newton County

(b) City or town Camp Crowder, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ASF Regional Sta Hosp, Cp Crowder, Mo.
(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 1 Month 11 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County -- 997

(c) City or town Cleveland 303
(If outside city or town limits, write "RURAL")

(d) Street No. 2339 East 57th Street 0
(If rural, give location)

(e) Citizen of foreign country? No. 2 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Horton, James E.

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Male 2 5. Color or race colored

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

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased: March 31 1926
(Month) (Day) (Year)

8. AGE: Years 20 Months 0 Days 11
If less than one day: --- hr. --- min.

9. Birthplace Pittsburg Pa /
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier

11. Industry or business U. S. Army

MOTHER FATHER { 12. Name Lonnie M. Horton 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Susie Horton

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Service Record ASFTC Personnel

(b) Address Cp Crowder, Mo.

17. (a) removal (b) Date thereof Apr 12, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cleveland, Ohio

18. (a) Signature of funeral director Knell Mortuary
Carthage, Mo.

(b) Address _____

19. (a) Apr 13, 1946 (b) Melvin C. Bonman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1946 hour 2 minute 12 P.M.

21. I hereby certify that I attended the deceased from April 11,
1946 to April 11, 1946
that I last saw him alive on April 11, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death (1) Contusion, cerebral severe (2) Hemorrhage, subdural severe
Duration _____

Due to Accidental fall from telephone pole.

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations No Operation

Of autopsy Same as above 126 11

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) Accident 7.3

(b) Date of occurrence 11 April 1946

(c) Where did injury occur? Camp Crowder, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Camp Crowder, Mo.

While at work Yes (Specify type of place) Truck
(a) Yes (b) No

23. Signature Alfred J. Dierker 126 11
ASF Reg Sta Hosp, Cp Crowder, Mo. 4/12/46
(M. D. or other) (Date signed)

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

RECEIVED

MAY 6 1946

District Health Officer No. _____
District File Number 446-64
Date Filed 4-17-46

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 _____

Frank W. Kuehl Jr, Registered Apprentice No. 379
working under my personal supervision.

Signed Emmanuel Kuehl

Licensed Embalmer No. 391

P. O. Address Carthage

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.