

FILED AUG 12 1946

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

Registration District No. 316

Primary Registration District No. 3060

Registrar's No. 244

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Farmington, Mo.  
(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  
In this community 7 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois  
(c) City or town Farmington, 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 \_\_\_\_\_

3. (a) PRINT FULL NAME Anna M. Horton

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced W 2  
6. (b) Name of husband or wife Milton Clark Horton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 27 1856  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 46 hour 12 minute 55 P.M.  
21. I hereby certify that I attended the deceased from Jan 1 1943 to July 29 1946  
that I last saw him or alive on July 28 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration 5hr.  
Due to Cardio-renal of Arterial Disease 6yr.

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 \_\_\_\_\_

23. Signature Geo. H. [illegible] Address Farmington, Mo. Date signed 7-30-46

MOTHER FATHER { 12. Name Wm. Mc. Haffey  
13. Birthplace Penn.  
14. Maiden name Ruth Still  
15. Birthplace Penn.  
16. (a) Informant Mrs. Samuel Fitz  
(b) Address Farmington, Mo.  
17. (a) B (Burial, cremation, or removal) (b) Date thereof 7/31/46  
(Month) (Day) (Year)  
(c) Place: burial or cremation City, Poplar Bluff, Mo.  
18. (a) Signature of funeral director Cozean Funeral Home  
(b) Address Farmington, Mo.  
19. (a) 7-31-46 (Date received local registrar) (b) Ethel Rudolph (Registrar's signature)

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

23550

4 # 1

RECEIVED

District Health Officer No. 4

District File Number 846-2448

Date Filed 8-9-46

OCT 31 1946

**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. 4084

P. O. Address. Farmington, 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.**