

No. 2  
12-45  
-17-39  
X47070

FILED SEP 21 1946  
Registration District No. 360

Primary Registration District No. 6225

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Verona Rural Wash. Imp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hospital #3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs. 1 mo. 5 days  
(Specify whether)

In this community 4 yrs - 1 month - 5 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas

(c) City or town Verona 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 Andrew Jackson Hornsby

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive 5 years (Month) (Day) (Year) 1880

7. Birth date of deceased 1 (Month) 5 (Day) 1880 (Year)

8. AGE: Years 66 Months 8 Days 29  
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Unknown 9

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

14. Maiden name Sherry Ray

15. Birthplace Unknown Ky 1 (City, town, or county) (State or foreign country)

16. (a) Informant Andrew J. Hornsby

(b) Address White, Kansas

17. (a) Removal (b) Date thereof Oct 9 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Scott Kansas

18. (a) Signature of funeral director Hays Funeral Service

(b) Address Verona Mo

19. (a) 10-9-46 (b) Nathyn Nancy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4<sup>th</sup>  
year 1946 hour 9 minute N.P.M.

21. I hereby certify that I attended the deceased from 10-4-46  
10-4 1946 to 10-4 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis  
Syphilis

Due to Syphilis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: no B  
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) no

(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) (e) Means of injury

23. Signature J.P. Bunch (M. D. 0)  
Address State Hospital #3 Date signed 10-4-46

RECEIVED  
District Health Officer No. 1,  
District File Number 9-46-2069  
Date Filed 7-8-48

MAY 5 1948

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 Allen V. Long  
Licensed Embalmer No. 1968  
P. O. Address Nevada 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.