

Registration District No. 157

Primary Registration District No. 55 83

Registrar's No. 244

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural Lincoln Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 mile East of Dudenville, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Months
(Specify whether
In this community same
years, months or days)

3. (a) PRINT FULL NAME Lou Rook Horton

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased November 19, 1973
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 0 If less than one day hr. min.

9. Birthplace Dade County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name John Boyd

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth don't know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Arch Horton

(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof 11/22/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem. Barton Co. Mo.

18., (a) Signature of funeral director Gibson Funeral Home

(b) Address 1201 Bdwy Lamar, Missouri

19. (a) 11-25-46 (b) L. B. Clenton, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Lamar
(If outside city or town limits, write "RURAL")
(d) Street No. West 10th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXXXXXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day Nineteenth
year 1946 hour 1:43 minute A. M.

21. I hereby certify that I attended the deceased from August
1946 to November 19, 1946
that I last saw h. or alive on 11/16/46
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chron. Arteriosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 93D

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?

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

(e) While at work? (Specify type of place)

23. Signature Rudolf Kupp (M. D. or other) D

Address Gadley Bldg, Mo. Date signed 11/20/46

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

MOTHER FATHER

Duration several years

PHYSICIAN

Underline the cause to which death should be charged statistically.

46-11-945

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 *W. Gibson*.....

Licensed Embalmer No. 2299.....

P. O. Address Lamar 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: