

FILED MAR 14 1947

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

Registration District No. \_\_\_\_\_

Primary Registration District No. 3007

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hospital  
(If not a hospital or institution, write the street number and location)

(d) Length of stay: In hospital or institution four hours  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Leon 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 Child

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: March 3 1937  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>9</u>	<u>11</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace: Campbell Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: (Child)

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

MOTHER FATHER { 12. Name Robert Horton

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

14. Maiden name Mabel Mcintosh

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

16. (a) Informant Robert Horton

(b) Address Campbell, Mo

17. (a) Burial (b) Date thereof 2-19-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Landers Funeral Home

(b) Address Campbell Mo

19. (a) 2-27-47 (b) W. R. Minter  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Campbell R.R. 1  
(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 February day 17  
year 1947 hour 5:30 minute p. M.

21. I hereby certify that I attended the deceased from Feb 17 1947 to Feb 17 1947  
that I last saw him alive on Feb 17 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary embolus 1 da  
gastric, ruptured 3 da  
appendix

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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 W. R. Minter (M. D. or other) \_\_\_\_\_  
Address Poplar Bluff Mo Date signed 2/24/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12  
7  
3

MAR 25 1947

RECEIVED  
District Health Office No. 2,  
District File Number 347-305  
Filed 3-6-47

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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 Christina Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.**