. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5571

State File No.

Registration District No. 241 Primary Registration District No. 4360 Registrar's No. ~~50~~ 4

12
6
0

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Portageville 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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

72
6
0
0

3. (a) PRINT FULL NAME DREW VARDELL HORNER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE O

5. Color or race White

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

6. (b) Name of ~~husband~~ or wife MARY ADALINE HORNER

6. (c) Age of ~~husband~~ or wife if alive 35 years

7. Birth date of deceased OCT (Month) 23 (Day) 1917 (Year)

8. AGE: Years 29 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Hayti (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Bar Tender

11. Industry or business

FATHER
12. Name Charley Horner 0
13. Birthplace Hayti (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Molly Vaughn
15. Birthplace Hayti (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Mrs Drew Horner
(b) Address Portageville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville Cemetery

18. (a) Signature of funeral director DeLisle Funeral Parlor
(b) Address Portageville Mo

19. (a) 1-25-47 (Date received local registrar) (b) Ellen DeLisle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1947 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from ✓, 19, to ✓, 19; that I last saw h ✓ alive on ✓, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Shot himself in right temple with 38 Smith

Due to And Westons Pistol

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

164C

Duration

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) Suicide

(b) Date of occurrence Jan 23 - 1947

(c) Where did injury occur? Home (City or town) New Madrid (County) Mo. (State)

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

While at work? no (e) Means of injury

23. Signature Leo Hedgepeth Coroner (M. D. or other) 3

Address New Madrid Mo Date signed 1/23/47

219

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 247-252
Date filed 2-17-47

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 Joseph A. DeLisle Registered Apprentice No. 481, working under my personal supervision.

Signed Leonard J. Varga

Licensed Embalmer No. 4336

P. O. Address Portageville 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.