

No. 2
12-45
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8082**
Registrar's No. **103**

FILED MAR 21 1947

Registration District No. **43**

Primary Registration District No. **3007**

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

1. PLACE OF DEATH:

(a) County **Butler**
(b) City or town **Poplar Bluff, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Poplar Bluff Hosp.**
(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 **Wayne**
(c) City or town **Mill Springs**
(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 _____

3. (a) PRINT FULL NAME **Glenn Horney**

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 **2 divorced widowed**

6. (b) Name of husband or wife **Missie Horney** 6. (c) Age of husband or wife if alive **Deed** years

7. Birth date of deceased **Jan 24 1876**
(Month) (Day) (Year)

8. AGE: Years **71** Months **2** Days **18** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **unknown** 9

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

14. Maiden name **unknown** 9

15. Birthplace **unknown** 9 (City, town, or county) _____ (State or foreign country)

16. (a) Informant **Omer Feas**

(b) Address **Piedmont, Mo Rt 2**

17. (a) **Burial** (b) Date thereof **3-13-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Burial**

18. (a) Signature of funeral director **W. J. Deary**

(b) Address **Carving Art**

19. (a) **3-13-47** (b) **R. Menette**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **12**
year **1947** hour **12** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **3-4** 19**47** to **3-12** 19**47**

that I last saw him alive on **3-11** 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **Peritonitis**

Due to **Strangulated inguinal hernia**

Due to _____

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: **Strangulated inguinal hernia**
Of operations _____

Of autopsy **none**

22. If death was due to external causes, fill in the following; **none**

(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 **Wm. H. Henshaw** (M. D. _____)

Address **Poplar Bluff Mo** Date signed **3-12-47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

35

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office
District File Number 3472
Date Filed 3-18-2

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 *Velma Johnson*
Licensed Embalmer No. *4271-8686*
P. O. Address *Coring, Ark*

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.