

No. 2
12-45
17-39
X47070

FILED MAR 28 1947

Registration District No. _____

Primary Registration District No. **2001**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Sopha Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Freeman Meth. Hosp. 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Approx 11 weeks**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Cherokee**
(c) City or town **Salena** **999**
(If outside city or town limits, write "RURAL")
(d) Street No. **1407 East 12th St. 14**
(If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **2**

3. (a) PRINT FULL NAME

John E Horn

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **male 0** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **married 1**

6. (b) Name of husband or wife **wife**
Ogda Horn

6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **April 25 1898**
(Month) (Day) (Year)

8. AGE: Years **59** Months **10** Days **23**

If less than one day
hr. _____ min. _____

9. Birthplace **Wannersburg Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Mill man**

11. Industry or business _____

12. Name **Daniel M Horn**

13. Birthplace **Bowling Green Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Vinghis Jones**

15. Birthplace **Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Arthur M Horn**

(b) Address **7514 Main Salena Kans.**

17. (a) **Removal** (b) Date thereof **Feb 20 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director **Baxter Springs, Kansas**

(b) Address _____
19. (a) **2-26-47** (b) **Ed Janner**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb 17** day _____
year **1947** hour **1:20** P.M. minute _____ M.

21. I hereby certify that I attended the deceased from **Jan 20** 19 **47**
and that I last saw him alive on **Feb 17** 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to **Coronary Occlusion**
with Myocardial Failure
Due to **6mo-**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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) _____
(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 **Ed Janner** (M.D. or other) _____
Address **708 S. 1st St. Salena, Mo.** Date signed **2-18-47**

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

MOTHER FATHER

139

47-3-180

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

J. Lane Wene

Licensed Embalmer No.

2880

P. O. Address

Baptist Stgs

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.