

7. S. No. 2
DOM-5-43
Rev. 5-17-39
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10109

State File No. _____
Registrar's No. 203

FILED APR 15 1947
Registration District No. 2038

Primary Registration District No. 5823

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

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No
(Specify whether years, months or days) 6 Hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Kewanee
(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 BEVERLY ANN HORNBACK

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3/28/47 day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her alive on 3/29/47, 19____;
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race W

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

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

7. Birth date of deceased March 28 - 1947
(Month) (Day) (Year)

Immediate cause of death Pneumonia

Due to Acute bacterial influenza

Due to _____

8. AGE: Years _____ Months _____ Days _____
If less than one day 6 hr. _____ min.

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

10. Usual occupation Child

11. Industry or business _____

12. Name Floyd Hornback

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

14. Maiden name WILLIE JACKSON

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

16. (a) Informant Floyd Hornback

(b) Address KEMANEE

17. (a) BURIAL (b) Date thereof 3/29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen

18. (a) Signature of funeral director Friends

(b) Address Kewanee, Mo.

19. (a) 4-9-47 (b) Nelie L. Jones
(Date received local registrar) (Registrar's signature)

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 2

23. Signature McNeil (M. D. or other) MO
Address Keaton Date signed 3/31/47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

216

RECEIVED

District Health Office No. 2,

District File Number 447-545

Date Filed 7-10-49

· 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.....

Not Embalmed

Licensed Embalmer No.....

P. O. Address.....

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.