

FILED JUL 25 1947

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

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 266

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Levering Hospital  
(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 Marion **64**  
(c) City or town Hannibal **3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 919 Center **4**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward Taylor Hornback

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 Married

(b) Name of husband or wife Anna Bell Muldrow 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March 13, 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 4 2 hr. min.

9. Birthplace Spalding, Ralls County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business Self

MOTHER FATHER

12. Name James Hornback

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

14. Maiden name Mary Dodd

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

16. (a) Informant Mrs. Roger Hibbard

(b) Address 919 Center, Hannibal Missouri

17. (a) Burial (b) Date thereof 7/17/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 902 Broadway Hannibal Missouri

19. (a) 7-15-47 (b) Dr. E. M. Tucker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15  
year 1947 hour 5 minute 39 A.M.

21. I hereby certify that I attended the deceased from June 22,  
1946, to July 15, 1947;  
that I last saw him alive on July 15, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
Due to Coronary atherosclerosis

Other conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death)

Major findings, of operations \_\_\_\_\_

Of autopsy [Signature]

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 [Signature]

23. Signature [Signature] (M. D. or other)  
Address 100 N. 6th, Hannibal, Mo. Date signed 7-15-47

Duration  
1 day  
2 years  
10 years  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

**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 *W. Crawford Smith*

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

**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.**