S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27292

Registration District No. 195 Primary Registration District No. 5433 Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin.

(b) City or town Washington, "Rural" Union.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. #2.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether
In this community 82 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 36

(a) State Missouri (b) County Franklin

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

(d) Street No. R. #2.
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Marie Melvina Horn.

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

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

6. (b) Name of husband Frederick Horn

6. (c) Age of husband alive deceased years

7. Birth date of deceased September (Month) 30th, (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	10	24	hr. min.

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

10. Usual occupation House-work.

11. Industry or business x

FATHER
12. Name Gephard Holtgrewe,
13. Birthplace Unknown, (City, town, or county) Unknown. (State or foreign country)

MOTHER
14. Maiden name Marie Elsie Probst,
15. Birthplace Unknown, (City, town, or county) Unknown. (State or foreign country)

16. (a) Informant Miss Melvina Altholz
(b) Address Washington, Mo. R. #2.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. (Month) 27nd, (Day) 1947 (Year)
(c) Place: burial or cremation Union, Mo.

18. (a) Signature of funeral director Nieburg & Vitt, Inc.
(b) Address Washington, Mo.

19. (a) Aug 25 1947 (Date received local registrar) (b) F. T. Cooper ETC (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24th, year 1947 hour 10:00 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11-1, 1944 to 8-24, 1947 that I last saw her alive on 8-15, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerotic Cardio Vascular Disease — Duration 4 yrs

Due to Senility

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

93 D

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 B. G. Stuhlmann (M. D. or other) MD
Address Union Mo Date signed 8-25-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 9-8-47
Date Filed

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 Jerome F. Swoboda, Registered Apprentice No. 44, working under my personal supervision.

Signed Lester H. Utt

Licensed Embalmer No. 32254

P. O. Address Washington, Me.

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.