DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27480

FILED AUG 18 1947

Registration District No. 1 3 1947 Primary Registration District No. 302 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: Wright 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 4 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

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

(d) Street No. — (If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Clem P. Horax

3. (b) If veteran, name war 1st World War

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie Horax

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

7. Birth date of deceased April (Month) 12 (Day) 1887 (Year)

8. AGE: Years 60 Months 2 Days 26 If less than one day — hr. — min.

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

10. Usual occupation Merchant

11. Industry or business Dry Store Retail

FATHER
12. Name L. A. Horax
13. Birthplace [illegible] (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Viola Barnhart
15. Birthplace [illegible] (City, town, or county) Ill (State or foreign country)

16. (a) Informant Minnie Margaret Horax

(b) Address Harris, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery ~~[illegible]~~ Trenton Mo.

18. (a) Signature of funeral director Raymond A. Davis

(b) Address Trenton Mo.

19. (a) July 10 47 (Date received local registrar) (b) Irene Dan (Registrar's signature) 115

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 8th year 1947 hour 3:20 minute P.M.

21. I hereby certify that I attended the deceased from Oct. 1st 1946 to July 8th 1947 that I last saw him alive on July 8th 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Coma — Duration 3 days

Due to Chronic Interstitial Nephritis — 4 months

Due to Do not Know

Other conditions Chronic Eczema 2 years (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

131 B

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 Oliver F. Tuffy M.D. (M.D. or other)

Address Trenton Mo. Date signed July 8th 1947

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Walter E. Moyer, Registered Apprentice No. 458, working under my personal supervision.

Signed Raymond A. Davis

Licensed Embalmer No. 3424

P. O. Address Trenton Mo.

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.