No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1947

Registration District No. 316

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32258

Primary Registration District No. 6075

Registrar's No. 310

1. PLACE OF DEATH:

(a) County: St. Francois

(b) City or town: Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 mos. 19 das. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Franklin 94

(c) City or town: Fanning 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Unknown 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME: EARL ROBERT HORSEFIELD

3. (b) If veteran, name war: No

3. (c) Social Security No.: Unknown

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Ruth May Russell

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

7. Birth date of deceased: April (Month) 16, (Day) 1904 (Year)

8. AGE: Years 43 | Months 4 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace: St. Louis, (City, town, or county) Missouri 6 (State or foreign country)

10. Usual occupation: Salesman and Farming

11. Industry or business

FATHER
12. Name: Robert J. Horsefield 0
13. Birthplace: Catawissa (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Malissa Dale Pursley
15. Birthplace: Robertsville, (City, town, or county) Missouri 6 (State or foreign country)

16. (a) Informant: Records State Hospital No. 4
(b) Address: Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Kinder Cem., Cuba, Mo.

18. (a) Signature of funeral director: Shanklin Funeral Home
(b) Address: Cuba, Missouri

19. (a) 9-15-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2, year 1947 hour 27 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov. 13, 1946, 19__ to Sept. 2, 1947, 19__; that I last saw him alive on Sept. 2, 1947, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar pneumonia	2 das.
Due to: Atelectasis	2 das.
Due to:	
Other conditions (Include pregnancy within 3 months of death): Dementia Praecox, Paranoid type.	20 yrs.

Major findings:
Of operations: 0
Of autopsy: 108

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: 0

23. Signature: John A. Brenner M.D. (M.D. or other) 9/13/47
Address: State Hosp. # 4, Farmington, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 947-12
Date Filed 9-22-47

SEP 12 1955

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 Paul L. Dugal

Licensed Embalmer No. 4129

P. O. Address Farmington 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.