

FILED OCT 29 1947

Registration District No. 351

Primary Registration District No. 6186

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

1. PLACE OF DEATH:
 (a) County TANNEY
 (b) City or town BRADLEYVILLE
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
HOME
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution NONE
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County TANNEY 106
 (c) City or town BRADLEYVILLE
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No
 If yes, name country _____

3. (a) PRINT FULL NAME LARRY WAYNE HORNER
 3. (b) If veteran, name war No
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month OCTOBER day 11
 year 1947 hour 12 minute 06 A.M.
 21. I hereby certify that I attended the deceased from BIRTH
10/11/47, 19____, to 10/11/47, 19____;
 that I last saw him alive on 10/11/47
 and that death occurred on the date and hour stated above.
 Immediate cause of death ATELECTASIS 5 MIN
Duration

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced SINGLE
 6. (b) Name of husband or wife NONE
 6. (c) Age of husband or wife if alive _____ years

Due to IMPACTED HEAD IN BREECH DELIVERY WITH ASPIRATION OF BLOOD AND MUCUS FROM VAGINA
 Other conditions NONE
(Include pregnancy within 3 months of death)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. 5 min. 0

9. Birthplace BRADLEYVILLE MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name THOMAS T. HORNER

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

14. Maiden name LORA FERN ALLEN

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

16. (a) Informant MOTHER
 (b) Address _____

17. (a) BURIAL (b) Date thereof 10/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MARTIN FAMILY PLOT BARKRIDGE, MO.

18. (a) Signature of funeral director NONE
 (b) Address _____

19. (a) 1A-25-47 (b) C. P. Allaman
(Date received local registrar) (Registrar's signature)

Major findings:
 Of operations NONE
 Of autopsy NONE
 PHYSICIAN _____
 Underline the cause of 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? Yes (e) Means of injury 0
 23. Signature Wallace Thurman (M.D. or other)
 Address Rockaway Beach Date signed 10/15/47

RECEIVED

District Health Officer No. 6,

District File Number 1047-1137

Date Filed OCT 28 1947

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.....

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.