

FILED NOV 20 1947

Registration District No. **763**

Primary Registration District No. **55-96**

Registrar's No. **47**

1. PLACE OF DEATH:

(a) County **Jefferson**  
 (b) City or town **De Soto (Rural Valley)**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Star Route West**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **none**  
 In this community **2 years**  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jefferson**  
 (c) City or town **De Soto**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **Star Route - West**  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country

3. PRINT FULL NAME

**Alfred David Horn**

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

6. (b) Name of husband or wife

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

7. Birth date of deceased **Nov. 26 - 1891**  
 (Month) (Day) (Year)

8. AGE: Years **55** Months **11** Days **9**  
 If less than one day hr. min.

9. Birthplace **French Village Mo.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **farming**

11. Industry or business

12. Name **David Turner Horn**

13. Birthplace **Excelsa Mo.**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Augusta Bequette**

15. Birthplace **French Village Mo.**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Emmanuel Perisic**

(b) Address **Route 1 Star West, De Soto, Mo.**

17. (a) **Rural** (b) Date thereof **Nov. 7 - 1947**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Richardson Cemetery, Rural**

18. (a) Signature of funeral director **J. R. Mathis**

(b) Address **De Soto - Mo.**

19. (a) **11/13/47** (b) **Marie Parrie**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **5**  
 year **1947** hour **3** minute **15** a.m.

21. I hereby certify that I attended the deceased from **August 3, 1947** to **November 4, 1947**;  
 that I last saw him alive on **November 4, 1947**;  
 and that death occurred on the date and hour stated above.

Immediate cause of death: **arteriosclerotic heart disease, with congestive failure**  
 Due to **Generalized arteriosclerosis**  
 Due to **Diabetes mellitus, severe**

Duration  
**One year +**  
**2 to 4 years**  
**5 years +**

Other conditions:  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify)  
 (b) Date of occurrence  
 (a) 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

23. Signature **Thomas A. Donnell** (M. D. or other) **M.D.**  
 Address **De Soto, Mo.** Date signed **11-6-47**

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

RECEIVED  
District Health Officer No.  
District File Number  
Date Filed NOV 19 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 *J. E. Mothershead*  
Licensed Embalmer No. *3531*  
P. O. Address *D. S. to m*

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.