

FILED NOV 26 1947

Registration District No. 217

Primary Registration District No. 3045

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Mississippi
 (b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
416 West Cypress St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 17 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
 (c) City or town Charleston
(If outside city or town limits, write "RURAL")
 (d) Street No. 416 rear West Cypress St. 2
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

COLUMBUS MAX HORNBSBY
GOLDENAS - HORNBSBY / Hornbsby

3. (b) If veteran, name war Unknown
 3. (c) Social Security No. 492-16-4520

4. Sex Male 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Single
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased (Unknown) 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>---</u>	<u>--</u>	hr. _____ min.

9. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 10. Usual occupation Laborer

11. Industry or business _____
 12. Name Unknown 9
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Jake Harris
 (b) Address 204 S. Locust, Charleston, Mo.
 Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13, 1947
(Month) (Day) (Year)

Place of burial or cremation Oak Grove Cemetery
 Signature of funeral director F. D. Sparks
 Address Charleston, Missouri.
11-17-47 (b) Mrs. Helen Bondurant
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9
 year 1947 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from Attended as Coroner 19____
 that I last saw him _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Alcoholism
 Due to _____

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

Major findings:
 Of operations none
 Of autopsy none

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? _____ (c) Means of injury _____
 Signature John F. ... (M. D. or other) 2
 Address Charleston, Mo. Date signed 11-9-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER, FATHER, CO-OPR. BY aff. 13 1947

RECEIVED

District Health Office No. 2

District File Number 1147-151

Date Filed 11-25-42

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 Frank Sparks

Licensed Embalmer No. 34535

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Mississippi SS.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 217

In this 3rd day of December, 1947, before me appears Frank J. Sparks, who, upon his oath, states that the original record of ^{birth} ~~death~~ for Columbus Hoochapa ^{died} ~~born~~ November 9, 1947, in the State of Missouri, and which was filed at Charleston on 11-17, 1947, should be corrected as follows:

Item No. 3 (a) should read Columbus Max Hornsby

Instead of Columbus Hoochapa

Item No. 3 (c) should read 492-16-4520

Instead of none

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Frank J. Sparks, Undertaker
517 S. Locust St. Relationship.
Charleston, Mo.
Present Address.

Subscribed and sworn to before me this 3rd day of December, 1947.

My Commission expires June 21-1949. Zoracee Dean Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error write above it.

3.89005