No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

43143
State File No.

FILED DEC 22 1947
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11346

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 6517 Morganford Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6517 Morganford Rd. 9
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME JERRY MICHAEL HORTON

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. (Month) 13 (Day) 1933 (Year)

8. AGE: Years	Months	Days	If less than one day
14	3	28	hr. min.

9. Birthplace Maplewood (City, town, or county) Mo. (State or foreign country) O

10. Usual occupation Schoolboy

11. Industry or business

FATHER
12. Name Thomas Horton
13. Birthplace Flat River (City, town, or county) Mo. (State or foreign country) O

MOTHER
14. Maiden name Maurine Priday
15. Birthplace Coldwater (City, town, or county) Mo. (State or foreign country) O

16. (a) Informant Thomas Horton
(b) Address 6517 Morganford Rd.

17. (a) Removal (Mtr.) (Burial, cremation, or removal) (b) Date thereof 12-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview Cem. Flat River Mo.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) DEC 1 1 1947 (Date received local registrar) (b) J. T. Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11 year 1947 hour 6:45 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 11 1947, 19..., to Dec 12 1947, 19..., that I last saw him alive on Dec. 12 1947, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Acute Indigestion — Duration

Due to Deceased was subject to Gastro-

Due to intestinal indigestion

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 120

Of autopsy

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? (e) Mode of injury O

23. Signature Clay Allen (M. D. or other)

Address 5912 S. Kingshighway Date signed 12-11-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....Richard N. Stovesand.....

Licensed Embalmer No.....4007.....

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.