

No. 2
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17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 22 1948
2177

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1818
Registrar's No. 4

Registration District No. 2177 Primary Registration District No. 5787

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Charleston (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R. 2 Box 256 (Big Lake Community)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi
(c) City or town Charleston (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2, Box 256
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Starling Horton
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Beabertha Horton
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased March 8, 1889
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 4
year 1948 hour 11: minute 55 P. M.
21. I hereby certify that I attended the deceased from Jan 3, 1948, to Jan 4, 1948;
that I last saw him alive on Jan 3, 1948;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
58 9 27 hr. min.

Immediate cause of death Cardiac decompensation
Due to Undetermined cause
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Athens, Alabama
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business Farming
12. Name William Horton
13. Birthplace Alabama
(City, town, or county) (State or foreign country)
14. Maiden name Saran Means
15. Birthplace Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Beabertha Horton
(b) Address R. 2, Box 256, Charleston, Mo.
17. (a) Burial (b) Date thereof Jan. 7, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

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? _____

18. (a) Signature of funeral director F. J. Sparker
(b) Address Charleston, Mo.
19. (a) 1-16-48 (b) Mrs. John Bondurant
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
Signature William L. Lane (M. D. or other) MD
Address Charleston, Mo Date signed 1-8-48

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

RECEIVED

District Health Office No. 2,

District File Number 148-118

Date Filed 1-19-28

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 J. Sparks
Licensed Embalmer No. 3455
P. O. Address..... Cape Girardeau

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.