

FILED JUN 21 1948

State File No.

Registration District No. 18

Primary Registration District No. 5075

Registrar's No.

1. PLACE OF DEATH:
(a) County **Barton**
(b) City or town **Golden City Rural Golden City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Twp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 yrs.**
(Specify whether years, months or days)

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

3. (a) PRINT **GUY THORNTON HORTON**
FULL NAME

3. (b) If veteran, name war
3. (c) Social Security No. **450-22-3100**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**

(b) Name of husband or wife **Berniece A. Horton**
6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **November 4 1884**
(Month) (Day) (Year)

8. AGE: Years **63** Months **7** Days **7**
If less than one day hr. min.

9. Birthplace **Wellington Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer & Machinist**

11. Industry or business

MOTHER FATHER { 12. Name **William Benjamin Horton**

13. Birthplace **New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Lenora Wilkerson**
(City, town, or county) (State or foreign country)

15. Birthplace **Nodaway Michigan**
(City, town, or county) (State or foreign country)

16. (a) Informant **Chester W. Horton**

(b) Address **Golden City, Mo.**

17. (a) **Burial** (b) Date thereof **June 14, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **I.O.O.F. Cem. Golden City, Mo.**

18. (a) Signature of funeral director **Phillips Funeral Home**
(b) Address **Golden City, Mo.**

19. (a) **June 12, 1948** (b) **Hazel H. Prugh**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **11** th
year **1948** hour **8.30** minute **01** M.

21. I hereby certify that I attended the deceased from **January** 19**48** to **June 11** 19**48**
that I last saw h **alive** on **June 9** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of the bladder 1 1/2 yrs**

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **59B**
Of autopsy

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) Means of injury.....

23. Signature **Rudolf Kuepp** (M. D. or other) **0**
Address **Golden City, Mo.** Date signed **6/12/48**

WRITE PLAINLY—USE UNFADING INK—MAKE A LEGIBLE RECORD

RECEIVED
District Health Officer No. 6
District File Number: 648-728
Date Filed: JUN 18 1948

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. H. Pugh
Licensed Embalmer No. 3278
P. O. Address: Golden City Mo

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.