S. No. 2
I—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

18962

State File No.

FILED JUL 15 1948

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 56

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution I.O.O.F. Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr (Specify whether
In this community 1 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clay 24
(c) City or town Liberty 2
(If outside city or town limits, write "RURAL")
(d) Street No. I.O.O.F. Home 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME ELLA HORNBUCKLE

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race Wh

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

6. (b) Name of husband or ~~wife~~ Silas E. Hornbuckle

6. (c) Age of husband or ~~wife~~ if alive 74 years

7. Birth date of deceased Jan. (Month) 9 (Day) 1862 (Year)

8. AGE: Years 86 Months 5 Days 12 If less than one day hr. min.

9. Birthplace Columbus (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation House wife

11. Industry or business ✓

FATHER
12. Name David Jones
13. Birthplace Butler Co. (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Mary A. Dobarn
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant J. E. Thomure
(b) Address Liberty Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-24-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director Church-Archer Co
(b) Address Liberty Mo

19. (a) 6-22-1948 (Date received local registrar) (b) Minnie Haynes (Registrar's signature) 64

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1948 hour 8 minute P M.

21. I hereby certify that I attended the deceased from June, 1947 to June 21, 1948;
that I last saw her alive on June 21, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Circulatory Failure	1 hr.
Due to: Arterio-sclerotic heart disease	15 yrs.
Due to: Generalized senile vascular changes.	15 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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) Means of injury 0

23. Signature S. O. Schroeder (M. D. ~~or other~~) M.D.
Address Liberty, Mo Date signed 6/22/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-14-48

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 John Lonborg

Licensed Embalmer No. 4448

P. O. Address Liberty 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.