

o. 2  
8-13  
7-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20070

State File No. \_\_\_\_\_

Registration District No. 185

Primary Registration District No. 5692

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Rural Parson Creek  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) \_\_\_\_\_  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community all her life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58  
(c) City or town Meadville Rural 0  
(If outside city or town limits, write "RURAL") \_\_\_\_\_  
(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME OLIVE ELIZABETH VANHORN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Husband Jasper E. Van Horn 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased Dec. 20, 1879 (Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 8 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Linn County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Home wife

11. Industry or business \_\_\_\_\_

12. Name Thomas B. Hamilton 4  
13. Birthplace Scotland (State or foreign country)  
14. Maiden name Mary E. Cause  
15. Birthplace Linn County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant H. O. Van Horn

(b) Address 2929 Renick St. Troy, Mo

17. (a) Burial (b) Date thereof June 30, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meadville Cemetery

18. (a) Signature of funeral director J. G. Starn

(b) Address Lilled, Linn Co, Mo  
19. (a) 6-30-1948 (b) Chris A. Martin (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1948 hour 9 minute 15 A.M.  
21. I hereby certify that I attended the deceased from Nov 29, 1946 to June 28, 1948; that I last saw her alive on June 27, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 939  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to 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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Joseph F. Mah (M. D. or other) MD  
Address 6 Chillicothe Mo Date signed 6-30-48

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

MOTHER FATHER

JUL 25 1954

DISTRICT HEALTH OFF  
Cameron, Mo.

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.....

*W.P. Wright*....., Registered Apprentice No. *207*  
working under my personal supervision.

Signed.....*W.P. Wright*.....

Licensed Embalmer No. *2876*

P. O. Address *Acledo, 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.