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FILED JUL 10 1948
Registration District No. 297

Primary Registration District No. 4477

State File No. _____
Registrar's No. 57

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:
Henrietta Mo. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 41 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Henrietta
(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 FULL NAME FRANCIS THORNTON HORD

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced m!

6. (b) Name of husband or wife Adank Stone 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August 12 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 10 8 hr. _____ min.

9. Birthplace Jackson County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Francis T. Hord

13. Birthplace Lexington Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Ada Adama

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia Brown

(b) Address Henrietta, Mo.

17. (a) Burial (b) Date thereof June 22 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director Thomas J. Carter

(b) Address Richmond, Mo.

19. (a) June 23 1948 Mabel Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1948 hour 10 minute 30 PM.

21. I hereby certify that I attended the deceased from June 20, 1948 to June 20, 1948
that I last saw him alive on June 20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 30 min.

Due to Arterial Sclerosis 2 yrs.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 94%

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? Yes

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. E. G. Perone (M.D. number) 48-00

Address Richmond, Mo. Date June 24, 48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-9-78

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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, Va

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.