

FILED AUG 6 1948

Registration District No. **272**

Primary Registration District No. **5907**

1. PLACE OF DEATH:

(a) County **Jessiecat**  
(b) City or town **Steck rural**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Virginia Hosp. 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 **all of life** years, months or days)

3. (a) PRINT FULL NAME **Carolyn Jo Horton**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **P /** 5. Color or race **Cal**  
6. (a) Single, widowed, married, divorced **single U**  
6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife if alive **-** years  
7. Birth date of deceased **Feb 16 1948**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**0 4 19** hr. min.

9. Birthplace **Bennicot Co MD V**  
(City, town, or county) (State or foreign country)

10. Usual occupation **child**

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

MOTHER FATHER  
12. Name **C. H. Horton**  
13. Birthplace **Delhi La 1**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Allie Jewell Vaughn**  
15. Birthplace **Dunshun La 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **C. H. Horton**

(b) Address **Hally mo star Rt 2, 1449**

17. (a) **Burial** (b) Date thereof **7-6-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hally Hosp**

18. (a) Signature of funeral director **Byron Hunt 40**  
(b) Address **Steck, Mo**

19. (a) **7-21-48** (b) **L. P. Kincaid**  
(Date received local registrar) (Registrar's signature) **749**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bennicot 28**  
(c) City or town **Steck rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Virginia Rd 0**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5**  
year **1948** hour **3** minute **A** M.  
21. I hereby certify that I attended the deceased from **17 MAY 1948** to **17 MAY 1948**  
that I last saw her alive on **17 MAY 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hydrocephalus**  
Due to **CONGENITAL**

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

Other conditions (Include pregnancy within 3 months of death) **1576**

Major findings: Of operations \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury **0**

23. Signature **E. L. Taylor** (M. D. or other **M.D.**)  
Address **Steck, Mo** Date signed **5 July 48**

8-48-211

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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.....

*Not Embalmed*....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**