

S. No. 2  
DM-5-43  
v. 5-17-39  
I X38671

FILED OCT 27 1948

Registration District No. **172**

Primary Registration District No. **3034**

Registrar's No. **70**

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

1. PLACE OF DEATH

(a) County **Rafayette city**

(b) City or town **Higginsville Mo**  
(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 **50 yr.** years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Rafayette**

(c) City or town **Higginsville Mo**  
(If outside city or town limits, write "RURAL")

(d) Street No. **6th West 72th**  
(If rural, give location)

(e) Citizen of foreign country? **Germany** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Ernest Hornuth**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** **9** day **9** year **1948** hour **6** minute **00** P. M.

21. I hereby certify that I attended the deceased from **April 17,** 19**48** to **Oct. 9,** 19**48**  
that I last saw him alive on **Oct. 7,** 19**48**  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **July 22 1868**  
(Month) (Day) (Year)

Immediate cause of death **coronary occlusion** Duration **Sudden**

Due to **Chronic myocarditis** **5 yrs.**

8. AGE: Years **85** Months **2** Days **17** If less than one day **6 hr. PM** min.

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

10. Usual occupation **Retired (Farmer)**

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

MOTHER FATHER { 12. Name **Carl Hornuth**

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

14. Maiden name **Charlotta Hornuth**

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

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

Major findings: Of operations **93**

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Alfred Krehan**

(b) Address **Higginsville Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10-12-1948**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Higginsville**

18. (a) Signature of funeral director **E. W. Meinerhagen**

(b) Address **Higginsville Mo**

19. (a) **10-14-48** (Date received local registrar) (b) **Clayton D. Landrum** (Registrar's signature) **1511**

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 **E. W. Moore** (M. D. or other) **Higginsville, Mo.** Address \_\_\_\_\_ Date signed **10-11-48**

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 10-25-47

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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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Ray J. Wiggins

Licensed Embalmer No. 2883

P. O. Address Higginsville 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.