S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30724

FILED SEP 18 1942

Registration District No. 278 Primary Registration District No. 4281 Registrar's No. 77

56 1 0

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

1. PLACE OF DEATH:
(a) County LEWIS
(b) City or town CANTON (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 34 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lewis 56
(c) City or town Canton 1 (If outside city or town limits, write "RURAL")
(d) Street No. 7th & Clark 0 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mattie Dell Horn
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female 1
5. Color or race White 2
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 20 (Day) 1873 (Year)
8. AGE: Years 66 Months 8 Days 2 If less than one day hr. min.
9. Birthplace Fithian (City, town, or county) Ill 1 (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER
12. Name Peter T Hedges
13. Birthplace Rowan Co (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Mary Ann Vayer
15. Birthplace Jefferson Co (City, town, or county) Ind 1 (State or foreign country)
16. (a) Informant Flora Tillotian
(b) Address Center Point Iowa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 25 42 (Month) (Day) (Year)
(c) Place: burial or cremation Canton Mo
18. (a) Signature of funeral director A D Kelly
(b) Address Canton Mo
19. (a) 8/25/42 (Date received local registrar) (b) P. W. Jennings MD (Registrar's signature)
737

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 22
year 1942 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from 8-1 1942, 19 to Aug. 22 1942
that I last saw her alive on Aug. 22 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis — Duration 1 week
Due to
Due to 940
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
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?
(Specify type of place)
While at work? (e) Means of injury 2
23. Signature S. J. Lillard (M. D. or other) DO
Address Lewistown Date signed Aug 24-42

(Licensed Embalmer's Statement on Reverse Side)

MAY 14 1942

AUG 6 1952

NOV 19 1952

JUL 1 1955

RECEIVED
District Health Officer No. 10
District File Number 9-42-1771
Date Filed SEP-15-1942

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 W. S. Kelly

Licensed Embalmer No. 1955

P. O. Address Canton Miss.

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.