

No. 307  
-10-47  
5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **13775**  
11-15-48

FILED MAY 4 1948  
Registration District No. **398**

Primary Registration District No. **3059**

Registrar's No. **131**

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

1. PLACE OF DEATH:  
(a) County **St. Francois**  
(b) City or town **Bonne Terre**  
(c) Name of hospital or institution: **Jackson St. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

3: (a) PRINT FULL NAME **JOHN THEODORE HORN**  
3: (b) If veteran,  name war \_\_\_\_\_  
3: (c) Social Security No.

4. Sex **M** 5. Color or race **W**  
6: (a) Single, widowed, married, divorced **Widowed**

6: (b) Name of husband or wife **Laurella Horn**  
6: (c) Age of husband or wife if alive  years  
7: Birth date of deceased **August 6 1956**  
(Month) (Day) (Year)

8. AGE: Years **91** Months **8** Days **10** If less than one day hr. min.

9. Birthplace **St. Francois Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business  
12. Name **Martin Horn**  
13. Birthplace **Unknown**  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**

16: (a) Informant **Monte Horn**  
(b) Address **Bofage Mo.**

17: (a) **Burial** (b) Date thereof **4-19-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Marvin Chapel**

18: (a) Signature of funeral director **Benson**  
(b) Address **313 Benson Bonne Terre**

19: (a) **4-30-48** (b) **Ether Rudloff**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Francois**  
(c) City or town **Bonne Terre**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Jackson St. 1**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **16<sup>th</sup>**  
year **1948** hour **4** minutes **30 P.** M.

21. I hereby certify that I attended the deceased from **Apr 16** to **Apr 16**, 19**48**  
that I last saw him alive on **Apr 16** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**  
Due to **unknown**

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **999**  
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) (e) Means of injury **0**  
23. Signature **A. L. Evans** (M.D. or other)  
Address **Boneterre Mo** Date signed **4-29-48**

Duration  
33m  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED.

Health Officer No. 4

Number 548-5

5-3-4

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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.....

Lin Counts....., Registered Apprentice No. 95  
working under my personal supervision.

Signed Clarence J. Laywell

Licensed Embalmer No. 3706

P. O. Address Denise Lane 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.**