DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 8 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44511

Registration District No. 779 — Primary Registration District No. 6024a — Registrar's No.

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Desloge
(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 years, months or days) In this community L & M

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Desloge
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME MARVIN BISHOP HORN

8. (b) If veteran, name war

3. (c) Social Security No. 497-10-7802

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Horn

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased June (Month) 14 (Day) 1882 (Year)

8. AGE: Years 57 Months 5 Days 23 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER
12. Name George W Horn
13. Birthplace Penn (City, town, or county) (State or foreign country)
14. Maiden name Rebecca Patterson
15. Birthplace St Francois Co. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ida Horn
(b) Address Desloge Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 10, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Mowyne Chapel

18. (a) Signature of funeral director Beulah Funeral Home
(b) Address 313 Beulah Bonne Terre Mo

19. (a) Jan. 8-1940 (Date received local registrar) (b) W.D. Huckeba (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7 year 1939 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov 15, 1939 to Dec 7, 1939 that I last saw him alive on Dec 6, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary artery sclerosis	mos.
Due to arteriosclerosis (general) moderate	
Due to varicose veins (moderate)	
Due to Dep	
Other conditions (Include pregnancy within 3 months of death) Hypertension	

Major findings:
Of operations ✓ 11 4 40
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

23. Signature N.C. Earle (M. D. or other)
Address Desloge Date signed 12-5-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39
Rev. 5-17-39
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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.....

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, above space should be left blank.