

REGISTRATION DISTRICT NO. 26

PRIMARY REGISTRATION DISTRICT NO. 3002

STATE FILE NO. _____

REGISTRAR'S NO. 40

1. PLACE OF DEATH:

(a) County Andrain
 (b) City or town Mexico
(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 9
(Specify whether
 In this community 20 years
years, months or days)

3. (a) PRINT FULL NAME John J. Vanhorn

8. (b) If veteran, name war ----- 8. (c) Social Security No. -----

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

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased June 5, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>10</u>	<u>5</u>	hr. _____ min.

9. Birthplace Monroe County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business _____

MOTHER FATHER { 12. Name Shelley Vanhorn
 13. Birthplace Dk
(City, town, or county) (State or foreign country)
 14. Maiden name Dk
 15. Birthplace Dk
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ross Vanhorn

(b) Address Mexico Mo.

17. (a) Burial (b) Date thereof 4/12/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Blanche Neely

(b) Address Mexico, Missouri

19. (a) April 12-48 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrain
 (c) City or town Mexico
(If outside city or town limits, write "RURAL")
 (d) Street No. 203 Washington
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 10
 year 1940 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coroners Case

Due to Natural Causes

Due to _____

Other conditions JDDW
(Include pregnancy within 3 months of death)

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)
 (e) Means of injury Coroner

23. Signature P. M. Mack
(M.D. or other)
 Address Mexico Mo Date signed 4-12-40

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

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.

RECEIVED

District Health Officer No. 10

District File Number 5-40-927

Date Filed MAY 7 1940

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 Chris Amodeo

Licensed Embalmer No. 3569

P. O. Address Milwaukee, Wis.

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.