

No. 2  
12-45  
17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21571

FILED JUL 14 1947

State File No.

Registration District No. 570-3190

Primary Registration District No. 1-905703

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Chula - Rural - Medicine Twp.  
(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 57 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston  
(c) City or town Chula - Rural  
(If outside city or town limits, write "RURAL.")  
(d) Street No. Medicine Twp.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Henry Van Horne

3. (b) If veteran,  name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Anna Van Horne 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 7 1868  
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Will County Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

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

MOTHER FATHER { 12. Name Andrew Stelle Van Horne  
13. Birthplace New York  
14. Maiden name Susan Budrow  
15. Birthplace Canada  
(City, town, or county) (State or foreign country)

16. (a) Informant Harriet Van Horne  
(b) Address Chula mo R. 2

17. (a) Burial (b) Date thereof July 4 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pickett Cemetery

18. (a) Signature of funeral director E. J. Robertson Funeral Home  
(b) Address Chula mo

19. (a) 7/4/47 (b) Mrs. Bertha Boone  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1947 hour \_\_\_\_\_ minute 4:50 M.

21. I hereby certify that I attended the decedent from June 1940 to July 1 1947  
that I last saw him alive on June 25 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Gangrene + Hypertension  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (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? Yes (Specify type of place) \_\_\_\_\_ (e) Means of injury 0  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Chula mo Date signed 7/3/47

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

*9-1-1941*  
**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**  
*1-1-1941*  
*1-1-1941*

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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 *John M Robertson* .....

Licensed Embalmer No. *4388* .....

P. O. Address *Laredo 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.

*1-1-1941*  
*3-1-1941*