

The Irvine Times – January 7, 1949

HOPPER HORN SUCCUMBS

Hopper Horn, 74, former Estill County resident, died at his home near Beattyville December 20 as the result of a stroke which he suffered last fall.

Before moving to Lee County where lately he had been a farmer, he was employed at sawmills at West Irvine.

Surviving him are his second wife, Mrs. Carlie Warner Phillips, and eight children. By a former marriage he is survived by three children, Hubert Horn, Birmingham, Ala.; Mrs. Scott Allen, Wisemantown, and Miss Ina Horn, of Louisville.

Funeral and burial services were held on December 23 at Beattyville, conducted by Rev. Sam Wilson, assisted by Rev. John Carr, of West Irvine.

Horn, Aaron J (Hopper) 1874 - 1948

26222

Form V. B. 1-A
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY
 Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. _____

Registration District No. 810 Primary Registration District No. 6541

1. PLACE OF DEATH:
 (a) County Lee
 (b) City or town Beattyville Ky
 (If outside city or town limits, write RURAL)
 (c) Name of hospital or institution:
 (If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or community _____
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Ky (b) County Lee
 (c) City or town Beattyville Ky
 (If outside city or town limits, write RURAL)
 (d) Street No. Rural (If rural give precinct)
 (e) If foreign born, how long in U. S. A. ? _____ year

3(a) FULL NAME Hopper Aaron
3(b) If veteran, _____ **3(c) Social Security** _____
 Name war _____ No. _____

4. Sex Male **5. Color or race** W. **5(a) Single, widowed, married, divorced** Married

6(b) Name of husband or wife Carlie Horn
6(c) Age of husband or wife if alive 54 Years

7. Birth date of deceased Oct 9 - 1874
 (Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Estill County, Ky
10. Usual occupation Farmer
11. Industry or business Farmer

FATHER
12. Name Thomas Horn
13. Birthplace Kentucky

MOTHER
14. Maiden name Carlie Walker
15. Birthplace Lee Co. Ky

16(a) Informant's own signature Rabert Horn
(b) Address Beattyville Ky

17. BURIAL, CREMATION, OR REMOVAL
 Place White Oak Ky Date 12-23-48 1948

18(a) Signature of funeral director Carleton Buss
(b) Address Beattyville Ky

19(a) 12 31 48 (Date received by local registrar) **(b)** Wilma J. B. Buss (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Dec. 20 1948
21. I hereby certify that I attended the deceased from _____ 19____
 to _____ 19____, that I last saw him alive o
 _____ 19____, and that death occurred on the dat
 stated above at 2:35 P. M. .
 Immediate cause of death Asphyxy **DURATION** _____
 Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations 83A
 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? 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 [Signature] (M. D. or other) _____
Address Beattyville Ky Date signed 12 31 48