REC'D AUG 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24135
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City K. C. Mo.
Registration District No. 500
Primary Registration District No. 1004
Registered No. 2640
(d) Street No. Research Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Horstmann 623
(a) Residence, No. 2300 Holmes St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Lena Horstmann
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5, 1864
7. AGE YEARS 74 MONTHS 4 DAYS 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Custodian
9. Industry or business in which work was done, as saw mill, bank, etc. Hospital
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

FATHER
13. NAME No Record 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Leo Seifert, Chicago, Illinois
18. BURIAL, CREMATION, OR REMOVAL PLACE Clarence, Ia. DATE July 3, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wagner Funeral Home Kansas City, Mo.
20. FILED 7-2 1938 M. M. Crowe, ass't. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1938, to June 30, 1938
I last saw him alive on June 30, 1938 Death is said to have occurred on the date stated above, at 1:30 m. pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolus	6/30/38
Other contributory causes of importance:	
auricular fibrillation	6 mo

Name of operation no Date of —
What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 19
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Lucius Davis, M. D.
(Address) 820 prof Bldg

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

Prob Bldg
Gr 2812
11-to-4

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.