

DEC 4 1938

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

38261  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 3311 Montgall 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 17 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 4495

2. PRINT FULL NAME

655 Frank Joseph HORNING  
 (a) Residence, No. 3311 Montgall Avenue 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<br><u>male</u>   | 4. COLOR OR RACE<br><u>white</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Horning</u> |  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 17, 1860.</u>                         |  |   |
| 7. AGE YEARS<br><u>78</u>   | MONTHS<br><u>0</u>   | DAYS<br><u>29</u>   |
| IF LESS than 1 day, hrs. or min.  |  |   |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. | <u>Retired</u>  |
|   | 9. Industry or business in which work was done, as saw mill, bank, etc.            | <u>Farmer.</u>  |
|   | 10. Date deceased last worked at this occupation (month and year)                  | 11. Total time (years) spent in this occupation                             |
| FATHER  | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)                                   | <u>Ohio</u>   |
| MOTHER  | 13. NAME   | <u>Nicholas Horning</u>   |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)                                   | <u>Germany</u>  |
|   | 15. MAIDEN NAME  | <u>Elizabeth Knapp</u>  |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)                                   | <u>Ohio</u>   |
|   | 17. INFORMANT (ADDRESS)  | <u>Mrs Elizabeth Horning, wife</u><br><u>3311 Montgall, K.C.Mo.</u>         |
|   | 18. BURIAL, CREMATION, OR REMOVAL PLACE  | <u>St. Marys</u> DATE <u>Nov. 19, 38</u>                                    |
|   | 19. FUNERAL DIRECTOR (NAME) (ADDRESS)  | <u>Melody-McGilley</u><br><u>K.C.Mo.</u>                                    |
|   | 20. FILED  | <u>Nov. 18, 1938</u> <u>M.M. Brown</u><br>Local Registrar.                  |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1928, to 1938  
 I last saw him alive on 1936 Death is said to have occurred on the date stated above, at 6:00 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Acute Dilatation of Heart  
950  
 Other contributory causes of importance:  
Heart Block  
40857

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) A.M. Oglewin, M. D.  
 (Address) J.C.O. of Reg. News

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.

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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.**