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

31614
Do not use this space.

1. PLACE OF DEATH
(a) County JACKSON Registration District No. 399
(b) Township KAW Primary Registration District No. 1002 Registered No. 3712
(c) City KANSAS CITY (d) Street No. 4509 EAST 17TH 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 635 MRS. RUBY E HORTON
(a) Residence, No. 4509 EAST 17TH 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: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF THOMAS E. HORTON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 10 1867

7. AGE: YEARS 72 | MONTHS 4 | DAYS 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as saw mill, bank, etc.
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) CLARKSHILL INDIANA

FATHER
13. NAME ISSIAH WILLIAM FICHEL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SANDUSKY OHIO

MOTHER
15. MAIDEN NAME SUSANNA SHARPE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PHILADELPHIA PENNSYLVANIA

17. INFORMANT (ADDRESS) MR. THOMAS E. HORTON 4509 EAST 17TH STREET

18. BURIAL, CREMATION, OR REMOVAL
PLACE ELMWOOD DATE SEPT. 23, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D.W. NEWCOMER'S SONS 1401 BRUSH CREEK BLVD

20. FILED Sept 23, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1938, to Sept 20, 1939
I last saw her alive on Sept 20, 1939. Death is said to have occurred on the date stated above, at 7:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~[illegible]~~ external hemorrhage	9/20/39
Carcinoma of rectum	1938

Other contributory causes of importance: 46

Name of operation none recent Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

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? no
If so, specify
(Signed) Ellis Willubury, M. D.
(Address) Plaza Med Bldg K.C. Mo

(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.

I X14028

2-5-38

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 George M. Collier

Licensed Embalmer No. 3839

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.