

No. 2
11-10-39
5-17-39
I X21422

Registration District No. **85**
MAY 13 1940

Primary Registration District No. **1001**

Registrar's No. **377**

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sisters Hospital /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital 3 Day
(Specify whether
In this community
years, months or days) 3 Day

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan
(c) City or town Troy
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Jesse James Horr

8. (b) If veteran, name war ✓ 3. (c) Social Security No. 418-09-8772

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mildred Horr 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased June 1 1878
(Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 0 If less than one day
hr. _____ min. _____

9. Birthplace Washington Co. Kansas /
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name Cyrus Horr
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 9
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Horr
(b) Address Troy Kansas

17. (a) Removal (b) Date thereof 4-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Troy Kansas

18. (e) Signature of funeral director C. Keener Bar
(b) Address Troy Kansas

19. (a) April 3-1940 (b) H. J. Westchuck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1940 hour 4:20 minute _____ P M

21. I hereby certify that I attended the deceased from
2-19, 1940, to 4-1, 1940
that I last saw him alive on 4-1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 3 days

Due to Arteriosclerosis 17/80 80 ?

Due to _____

Other conditions Chr. Bronchitis 4 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy Cerebral Thrombosis & Cerebral Necrosis

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? 85

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. P. Matherhead (M. D. or other) 1
Address Denton Kans Date signed 7-2-40

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

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.....

E. Lawrence Karr, Registered Apprentice No.
working under my personal supervision.

Signed *E. Lawrence Karr*

Licensed Embalmer No. *3532*

P. O. Address *Tracy, Kansas*

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.