

No. 2
-10-
7-59
X21492

JUN 17 1940
Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wesley Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 days
(Specify whether
In this community 59yrs
years, months or days)

8. (a) PRINT FULL NAME August Horn 650

8. (b) If veteran, name war none 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (e) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased No record
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 73 _____ hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation News paper salesman

11. Industry or business Self

12. Name No record

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Effie Kirby

(b) Address 740 Locust Kansas City Mo

17. (a) Burial (b) Date thereof May 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cem.

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address 918 Brooklyn Kansas City Mo.

19. (a) May 23, 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 500 East 8 St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1940 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 26 1940
May 22 19 40 to _____ 19 _____;
that I last saw alive on May 22 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of gall bladder with abscess in liver
Due to _____
_____ 4h

Other conditions epistaxis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy above
Underline the cause to which death should be charged statistically.

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

23. Signature Andrew C. Kirby (M: D. or other)
Address 1108 Ruffalo Date signed May 23 1940

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

11-
Rich B.D.
No. 4881*

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 Dwight C. Browning

Licensed Embalmer No. 2724

P. O. Address H. C. mo

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.