FILED JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21002 2619

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community All her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4122 Tracy (If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Elizabeth Horcher 626

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George E. Horcher

6. (c) Age of husband or wife if alive dont know years

7. Birth date of deceased November (Month) 4 (Day) 1885 (Year)

8. AGE: Years 54 Months 7 Days 23 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Phillip Raupp
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Elizabeth Adir
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's ~~own signature~~ XXXXXX P. M. Raupp

(b) Address 4214 Tracy

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-40 (Month) (Day) (Year)

(c) Place: burial or cremation Mt.St.Mary's Cemetery

18. (a) Signature of funeral director Wagner Funeral Home

(b) Address Kansas City, Mo.

19. (a) June 28, 1940 (Date received local registrar) (b) R. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th year 1940 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from Comm, 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Coronary Thrombosis; Acute Myocardial Infarction

Due to

Due to 9400

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Surgeon

Duration

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. Drohother) 6/28/40

Address [signature] Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

SUM-5-17-39 Rev. 5-17-39 I X19511

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 Alvin R. Hannschild

Licensed Embalmer No. 4159

P. O. Address K.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.