

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:
3426 Benton Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
(Specify whether
In this community 35 years
years, months or days)

3. (a) PRINT FULL NAME Miss Bertha Olive Horton

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

4. Sex Female 5. Color or race White 6. (a) 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 April 24 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 16 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business --

12. Name Bradner Gale Horton

13. Birthplace Orange New York
(City, town, or county) (State or foreign country)

14. Maiden name Helen M. Yenavine

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

16. (a) Informant Miss Nell Paton

(b) Address 3426 Benton

17. (a) Burial (b) Date thereof Nov. 12, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newsum, Sons

(b) Address 1401 Brush-Creek Blvd.

19. (a) 11-12-40 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 3426 Benton Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10th
year 1940 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from June 27 to Sept 3, 1940
that I last saw her alive on Sept 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 15 minutes

Due to Coronary sclerosis
arterial hypertension

Other conditions Hypertension + asthma
(Includes pregnancy within 3 months of death)

Major findings: 94%
Of operations

Of autopsy None

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)
(b) Means of injury _____

23. Signature Sarah Ferris (M. D. or other) _____
Address 934 Apple Bldg Date signed Nov 11, 1940

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

FILED OCT 11 1940

MOTHER FATHER

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 *W. Newcomer Jr*

Licensed Embalmer No. *4049*

P. O. Address *N.C. Me*

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.