

REGISTERED UNDER THE PROVISIONS OF THE  
**FILED OCT 19 1941**

Registration District No. **399**

Primary Registration District No. **1062**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **22 West 58th St. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **71 years** (Specify whether years, months or days)  
In this community **71 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(d) Street No. **22 West 58th St. 1**  
(e) Citizen of foreign country? **Yes** (Yes or No)  
If yes, name country **71 years**

3. (a) PRINT FULL NAME **Mrs. Caroline Hoernig**

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

4. Sex **Fe** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Widowed**

(b) Name of husband or wife **Ernest Hoernig** 6. (c) Age of husband or wife if alive **XX** years

7. Birth date of deceased **September 28 1842**  
(Month) (Day) (Year)

8. AGE: Years **99** Months **0** Days **0** If less than one day .hr. min.

9. Birthplace **Wurttemberg** **Germany 4**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **Christian Kubach** **Germany 4**  
(City, town, or county) (State or foreign country)

13. Birthplace **No Record** **Germany 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **No Record** **Germany 4**  
(City, town, or county) (State or foreign country)

15. Birthplace **Dr. Lena Hoernig**  
(City, town, or county) (State or foreign country)

16. (a) Informant **22 West 58th St.**

(b) Address **Burial** (b) Date thereof **9-30-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **J.M. Wagner**  
**Kansas City, Mo.**

(b) Address **9/29/41** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **28**  
year **1941** hour **7** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **Feb 16** 1941 to time of death **Sept 22** 1941  
that I last saw her alive on **Sept 22** 1941 and that death occurred on the date and hour stated above.

Immediate cause of death **Senility** Duration

Due to **age**  
Due to

Other conditions **Fracture of rt hip**  
(Include pregnancy within 3 months of death) **Feb 16, 1941**

Major findings: **166 x 15**  
Of operations  
Of autopsy

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) **Acc**  
(b) Date of occurrence **2-16-1941/23**  
(c) Where did injury occur? **K 6. Mo** (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home** (Specify type of place) **Fall** (e) Means of injury

23. Signature **Mabel Andersen** (M. D. or other) **100**  
Address **623 Shubert Bldg** Date signed **9-29-41**

OCT 23 1941

*Dr. Mabel Anderson  
Shunkent Bg. Nov 24 47*

**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 *A. R. Hainsehl*

Licensed Embalmer No. *4159*

P. O. Address *H. P. New*

**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, fact should be so stated above.**