. S. No. 2
OM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9124

ED MAR 20 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1242

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:
4124 Campbell Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 6
(If outside city or town limits, write "RURAL")

(d) Street No. 4124 Campbell Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ----- 1

3. (a) PRINT FULL NAME Mrs. Linnie Eliza Horn

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mr. George Horn, Sr. 111

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

7. Birth date of deceased April (Month) 25 (Day) 1880 (Year)

8. AGE: Years 62 Months 10 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Riceville (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation At Home

11. Industry or business -----

FATHER
12. Name Leslie L. Palmer
13. Birthplace Riceville (City, town, or county) Iowa (State or foreign country) 1

MOTHER
14. Maiden name Augusta Fellows
15. Birthplace Riceville (City, town, or county) Iowa (State or foreign country) 1

16. (a) Informant Mrs. Ida M. Palmer
(b) Address 4124 Campbell Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 12, 1943 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Mt. Moriah Cemetery

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 3-12-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th year 1943 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from 3-4, 1943 to 3-11, 1943 that I last saw her alive on 3-8, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Hypertensive Heart Disease

Due to 9 BD

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 George C. Lee (M. D. ~~or other~~)

Address 1630 Prof. Bldg. Date signed 3/11/43

(Licensed Embalmer's Statement on Reverse Side)

1630 Professional Bldg
1-1-3

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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, fact should be so stated above.