. No. 2
M—2-43
5-17-39
I X35[illegible]

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31782

FILED OCT 8 1943

Registration District No. 346 Primary Registration District No. 3026 Registrar's No. 222

48
4
4

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

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

(d) Street No. 3025 South Crysler
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME PEARL MAY HORNADAY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Ralph C. Hornaday

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased April 15th, 1894
(Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 20 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Cassius Burkett
13. Birthplace Terra Haute, Indiana 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ida Ball
15. Birthplace Holiday, Kansas 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ralph C. Hornaday.

(b) Address Independence, Missouri

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9 / 8 / 43
(Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Roland R. Speaks.

(b) Address Independence, Missouri

19. (a) 9-7-1943 (Date received local registrar) (b) James W. Rose (Registrar's signature)

1163

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 5th, year 1943 hour 7 minute 30 a.M.

21. I hereby certify that I attended the deceased from May 29 1943, to Sept. 5, 1943; that I last saw her alive on Sept. 4 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Asthma — Duration Years

Due to

Due to

122 f 2

Other conditions Intestinal Obstruction (partial) — Days
(Include pregnancy within 3 months of death)

Major findings:
Of operations Intestinal Obstruction — resection of bowel 7/5/43

Of autopsy None

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 Chas. Grabke (M. D. or other)

Address Independence, Mo. Date signed 9/7/43

(Licensed Embalmer's Statement on Reverse Side)

OCT 11 1947

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 me

Registered Apprentice No.

working under my personal supervision.

Signed Roland R. Speaks

Licensed Embalmer No. 3614

P. O. Address Indep. 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.