

FILED JAN 3 1944 9

Registration District No. _____

Primary Registration District No. 1002

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

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. Vincent's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 In this community 6 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kansas (b) County Wyandotte
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3605 Wood
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country 2

3. (a) PRINT FULL NAME MRS. MARY ROSE HORST
 (b) If veteran, name war XX
 (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 17th
 year 1943 hour 1: minute A. M.

4. Sex Fe 5. Color or race Wh
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lehnus L. Horst
 6. (c) Age of husband or wife if alive 27 years
 7. Birth date of deceased September 24 1917
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-13 to 12-17, 1943
 that I last saw her alive on 12-16, 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
26 2 23 hr. min.

Immediate cause of death Taking of heart
 Due to Branches Pneumonia 5 days
Probably Influenza 140-13 7 days
not clear, step or pneumonia

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

Other conditions (Include pregnancy within 3 months of death)
Miscarriage 7 mos stillborn male

10. Usual occupation At Home

Major findings: on 12-13-43
 Of operations no
 Of autopsy no
 PHYSICIAN
 Underline (the cause to which death should be charged statistically).

MOTHER FATHER
 11. Industry or business Patrick Murray
 12. Name Holvrood, Kansas
 13. Birthplace (City, town, or county) (State or foreign country)
 14. Maiden name Theresa Austenfeldt
 15. Birthplace Emporia Kansas
 (City, town, or county) (State or foreign country)

16. (a) Informant Lehnus L. Horst
 (b) Address 3605 Wood, KCK
 17. (a) Removal (b) Date thereof 12-18-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Holvrood, Kansas

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? _____

18. (a) Signature of funeral director J. W. Wagner
 (b) Address Kansas City, Mo.
 19. (a) 12-18-43 (b) T. E. Brown
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury c
 23. Signature Leo F. Rudat (M.D. or other)
 Address 933 Pop. Bldg. Date signed 12-17

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 Cecil R. Mathis

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.