

FILED JAN 10 1944

Registration District No. **149**

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: **Research Hospital**
(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 **30 years**
years, months or days

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. **5341 Harrison**
(If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **Harriett Horan**
 (b) If veteran, name war **No**
 (c) Social Security No. **No**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **December** day **29th**
 year **1943** hour **0** minute **P.M.**

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 (b) Name of husband or wife **Joseph T. Horan**
 (c) Age of husband or wife if alive **51** years
 7. Birth date of deceased **January 15 1893**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **December 10, 1943** to **December 29, 1943**
 that I last saw him alive on **December 29, 1943**
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Coroner of Time** Duration

8. AGE: Years **50** Months **11** Days **14**
 If less than one day **hr. min.**

Due to **4/8**
 Due to

9. Birthplace **Salem Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy

11. Industry or business

MOTHER FATHER
 12. Name **William B. Mann**
 13. Birthplace **Chester Illinois**
(City, town, or county) (State or foreign country)
 14. Maiden name **Eliza Estes**
 15. Birthplace **Salem Missouri**
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Joseph T. Horan**
 (b) Address **5341 Harrison**

17. (a) **Burial** (b) Date thereof **12-31-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

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

18. (a) Signature of funeral director **J. F. O'Connell**
 (b) Address **3256 Broadway**

While at work? (Specify type of place) (e) Means of injury

19. (a) **Dec 30, 1943** (b) **J. E. Brown**
(Date received local registrar) (Registrar's signature)

23. Signature **Harold A. Blat** (M. D. or other) **2nd**
 Address **1132 Paul Bluff** Date signed **3/29/43**

Harold A. Pallett

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 Park G. Rowe
Licensed Embalmer No. 2347
P.O. Address N. E. 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.