

FILED MAR 6 1944

Registration District No. .... Primary Registration District No. .... 1002

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:  
1124 Penn /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day  
(Specify whether  
 In this community 34 Yrs  
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. 1122 Penn  
(If rural, give location)  
 (e) Citizen of foreign country? ..... (Yes or No) 0  
 If yes, name country .....

3. (a) PRINT FULL NAME Cora B. Horn  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife William A. Horn 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased March 22 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>24</u>	hr. min.

9. Birthplace Illinois /  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business .....

MOTHER FATHER

12. Name Borlsley  
 13. Birthplace No record 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary  
 15. Birthplace No record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lavona Barger  
 (b) Address 1122 Penn

17. (a) Burial (b) Date thereof Feb. 19 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Mrs C.L. Forster  
 (b) Address 918 Brooklyn

19. (a) 2-19-44 (b) N.E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16  
 year 1944 hour 2 minute 22 P M.

21. I hereby certify that I attended the deceased from .....  
 to Deputy to Coroner 19.....  
 that I last saw h. Deputy on ..... 19.....  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia  
 Due to .....

Due to .....

Other conditions 107  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations .....  
 Of autopsy Inspection and History

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?

While at work 0 (Specify type of place) Means of injury .....

23. Signature W.E. Washer (M. D. or other) M.P.  
22 McCloy Date signed 2/16/44

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

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**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 Ralph W. Runnels

Licensed Embalmer No. 3860

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.**