

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1095
Registrar's No. _____

FILED MAR 18 1944

Registration District No. 179 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: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community 43 years

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. 6110 Rockhill Road
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank Titus Hornbeck

3. (b) If veteran, name war XX NO

3. (c) Social Security No. XX none

4. Sex Male 5. Color or race Wh

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

6. (b) Name of husband or wife Mary Ann Hornbeck

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

7. Birth date of deceased January 3, 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>2</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation Farmer & contractor

11. Industry or business _____

12. Name Isaac Hornbeck

13. Birthplace Terre Haute, Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Johnson

15. Birthplace No record Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Claude E. Hornbeck

(b) Address 6110 Rockhill Road

17. (a) Burial (b) Date thereof 3-9-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director BENTLEY MORTUARY

(b) Address 5811 Troost

19. (a) 3-9-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th year 1944 hour 6 minute 8 M.

21. I hereby certify that I attended the deceased from March 4, 1944, to March 7, 1944, that I last saw him alive on March 7, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: hypostated pneumonia (d) Bronche fracture left femur 5 days

Due to _____

Due to Emility

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 1860g

Of operations _____

Of autopsy _____

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) Accident 125

(b) Date of occurrence March 2, 1944

(c) Where did injury occur? Home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of para) (e) Means of injury Fall

23. Signature George H. Moreland (M. D. or other) M.D.
Address Kansas City, Mo Date signed 3-9-44

Dr. Geo. Morland

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 Guy Buffington
Licensed Embalmer No. 2756
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.