

FILED APR 6 1949

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 1239

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: 3317 Charlotte 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 yrs.
In this community 42 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

William H. Horn

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie B. Horn 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Aug 20 1864 (Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 26 If less than one day hr. min.

9. Birthplace Tray, Kan (City, town, or county) (State or foreign country)

10. Usual occupation Telephone Co

11. Industry or business retired

12. Name Jesse Horn

13. Birthplace Tray, Kan (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Cox

15. Birthplace Oregon (City, town, or county) (State or foreign country)

16. (a) Informant Lillie B. Horn

(b) Address 3317 Charlotte

17. (a) burial (b) Date thereof March 19 1949 (Month) (Day) (Year)

(c) Place: burial or cremation MT Marshall

18. (a) Signature of funeral director Mr C R Foster

(b) Address 915 Brooklyn

19. (a) 3-19-49 (b) H. E. Brown (Date received local registrar) (Registrar's signature)

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. 3317 Charlotte
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1944 hour 3 minute 9 M.

21. I hereby certify that I attended the deceased from December 4, 1943 to March 16, 1944 that I last saw him alive on March 15, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis with oedema

Due to Senility

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131K

Of autopsy

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? (Specify type of place) (e) Means of injury

23. Signature Calvin A. Beard (Date signed Mar 17 1949)

Address 2307 Bryant Bldg Date signed Mar 17 1949

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

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. Rinnell

Licensed Embalmer No. 3860

P. O. Address Kansas City, Mo.

Approved 12/2/48
Dec 28 1948

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.