

FILED JAN 11, 1945

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH: Jackson,  
 (a) County  
 (b) City or town Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 General Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution since 12-2-44  
 In this community 12 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson, 48  
 (c) City or town Kansas City, 35  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 623 Euclid,  
 (If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country X

3. (a) PRINT FULL NAME Mrs. Nancy Hornbach  
 3. (b) If veteran, name war no. 3. (c) Social Security No. No.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month December day 28th  
 year 1944 hour 11:30 minute A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife John Hornbach 6. (c) Age of husband or wife if alive unknown years  
 7. Birth date of deceased: unknown  
 (Month) (Day) (Year)

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

8. AGE: Years 93 Months Days If less than one day hr. min.

Immediate cause of death: Coronary sclerosis  
 Due to arterio-sclerosis

9. Birthplace Missouri (City, town, or county) (State or foreign country)  
 10. Usual occupation at home

Due to Fractured Right hip 5  
 Other conditions 1860-15  
 (Include pregnancy within 3 months of death)

11. Industry or business  
 12. Name unknown  
 13. Birthplace unknown (City, town, or county) (State or foreign country)  
 14. Maiden name unknown  
 15. Birthplace unknown (City, town, or county) (State or foreign country)

Major findings: History & Inspection  
 Of operations  
 Of autopsy  
 PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant W. H. Hewitt,  
 (b) Address 608 West 69th St., Kansas City, Mo.  
 17. (a) removal (b) Date thereof 12-28-44 (Month) (Day) (Year)  
 (c) Place: burial or cremation Fort Scott, Kansas

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) accident 123  
 (b) Date of occurrence 12-2-44 6:20 pm  
 (c) Where did injury occur? 623 Euclid 100 Jackson mo (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? street home  
 While at work? no (Specify type of place) (e) Means of injury Fall

18. (a) Signature of funeral director Stine & McClure,  
 (b) Address 3235 Gillham Plaza, K. C., Mo.  
 19. (a) 12-30-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

23. Signature James C. Miller 3 (M. D. or other) 3  
 Address 1424 Prof. Bldg. Date signed 12-28-44

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

MOTHER, FATHER

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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 Robert H Reed

Licensed Embalmer No. 3745

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.**