

FILED FEB 13 1945

Registration District No. 146

Primary Registration District No. 5568

State File No. _____

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Fairmount Blue Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10203 E 9th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 26 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Fairmount Stat. Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 10203 E 9th St. Blue Twp.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Wirt Hornberger

3. (b) If veteran, name war World War I 3. (c) Social Security No. 487-05-8035

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Blanche Hornberger 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased April 23 (Month) (Day) (Year) 1891

8. AGE: Years 53 Months 8 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Electrician

11. Industry or business K.C. Public Service Co

12. Name Curtis Hornberger

13. Birthplace Sweet Springs Missouri (City, town, or county) (State or foreign country)

14. Maiden name Minnie Eavy

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

16. (a) Informant Blanche Hornberger

(b) Address 10203 E 9th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 16 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Harrisonville Mo.

18. (a) Signature of funeral director Geo. C Carson

(b) Address Independence Mo.

19. (a) 1-15-1945 (Date received local registrar) (b) J. James Rose (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12 year 1945 hour _____ minute _____ M.

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.

Immediate cause of death Coronary Thrombosis Duration 30 minutes

Due to _____

Due to _____

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

Major findings: Of operations _____

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? _____

23. Signature Fred W. Smith (M.D. or other)

Address Fairmount, Mo. Date signed 1/15/45

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

800

Hinky 2429

1113

FEB 16 1945

FEB 18 1946

SEP 18 1955

DEC 11 1950

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

Lloyd C. Brown

Licensed Embalmer No. *499*

P. O. Address *Independence, 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.