S. No. 2
M—2-43
5-17-39
I X35697

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

1036

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1468

FILED JAN 31 1946

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 252

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~~: RESEARCH HOSPITAL
(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 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County JOHNSON 999

(c) City or town KANSAS CITY 14
(If outside city or town limits, write "RURAL")

(d) Street No. 2512 - WEST - 51ST STREET 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME MR. JONES T. HORNADAY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced W. 61

6. (b) Name of husband or wife Carolyn Hornaday

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

7. Birth date of deceased Aug (Month) 26 (Day) 1849 (Year)

8. AGE: Years 96 | Months 4 | Days 18 | If less than one day hr. min.

9. Birthplace New Trenton (City, town, or county) Ind. (State or foreign country) 1

10. Usual occupation RETIRED

11. Industry or business

FATHER
12. Name Moses HORNADAY
13. Birthplace Virginia (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Maria Jones
15. Birthplace Virginia (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs Edgar Chappell CHAPPELL

(b) Address 2512 W 51st K.C. Kan.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan (Month) 17 (Day) - 46 (Year)

(c) Place: burial or cremation D. W. Newcomer

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 1-16-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 14TH year 1946 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from 9-24, 1945 to 1-14, 1946 that I last saw him alive on 1-14, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Congestion Heart Failure — Duration 2 wks

Due to Senility (age 96+9 m)

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 932

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. V. Fell (M. D. or ~~Coroner~~)

Address 1132 Professional Bldg. Date signed 1-15-46

(Licensed Embalmer's Statement on Reverse Side)

Professional Bldg.

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. Melvin Miller

Licensed Embalmer No. 4407

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.