

FILED JAN 31 1946

State File No.

226

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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: 2414 Montgall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2414 Montgall 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME May Hornbeck

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe 3 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lewis Hornbeck 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 75 26 _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Alex Griggs

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

14. Maiden name Annie

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

16. (a) Informant Alberta Graham

(b) Address 2414 Montgall

17. (a) burial (b) Date thereof 1/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Haskins Bros

(b) Address 1729 Lydia

19. (a) 1-15-46 (b) Bessie Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10
year 1946 hour 5:45 minute A. M.

21. I hereby certify that I attended the deceased from Dec 1 1945 to Jan 10 1946
that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Infarct Myocardialis 5 wks
Acute Parenchyma-
tous nephritis 5 wks

Due to _____
Due to _____

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

Major findings: Of operations 92 b Of autopsy _____
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 _____ Means of injury _____

23. Signature M. C. Lewis (M. D. or other) _____
Address Lincoln Bldg Date signed 1/14/46

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

1037

M. B. Lewis.

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

J. J. Neumann

Licensed Embalmer No. 3994

P. O. Address 2523 Highlan

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.