

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5410

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:
ST. MARY'S HOSPITAL 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 WEEKS
 (Specify whether years, months or days)
 In this community 13 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
 (c) City or town KANSAS CITY Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 828 EAST 83RD STREET
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME MR. DEE EARLE HORTON

3. (b) If veteran, name war No
 3. (c) Social Security No. 702-14-0910

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife MRS. THELMA HORTON
 6. (c) Age of husband or wife if alive 42 years
 7. Birth date of deceased MARCH 5 1891
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>9</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace WILSEY KANSAS
 (City, town, or county) (State or foreign country)

10. Usual occupation TRAFFIC MANAGER - FEED YARDS

11. Industry or business MISSOURI PACIFIC R.R.

12. Name CHARLES R. HORTON

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

14. Maiden name MARY JANE WALTON

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

16. (a) Informant MRS. THELMA HORTON

(b) Address 828 EAST 83RD ST. K.C.MO

17. (a) BURIAL (b) Date thereof DEC 26 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director W. N. Newcomer
 (b) Address 1401 BRUSH CREEK BLDG.

19. (a) 12-26-46 Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 23RD
 year 1946 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov. 28, 1946 to Dec 23, 1946
 that I last saw him alive on Dec. 22, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Toxic myocarditis
& coronary atherosclerosis

Due to Pericardial cellulitis
& abuse

Other conditions Diabetes Mellitus
 (Include pregnancy within 3 months of death) 61

Major findings: skin, facial muscle
 Of operations incisions - pos.
 Of autopsy See cause of death

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 0

23. Signature J. B. Castle (M. D. _____)
 Address 11002 1/2 Ave. S.W. Date signed 12-23-46

MOTHER FATHER

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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 complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.