

FILED APR 28 1947

Registration District No. **149** Primary Registration District No. **1002** Registrar's No. **1746**

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

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: Lakeside Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 53 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2616 E 34th Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME NANNIE BELLE HORTON

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife MR. Patrick H. Horton

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

7. Birth date of deceased October - 3 - 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>6</u>	<u>12</u>	hr. min.

9. Birthplace Kenedy New York
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

MOTHER { 12. Name William Grover

13. Birthplace Jamertown New York
(City, town, or county) (State or foreign country)

14. Maiden name Kanace Mariah Foster

15. Birthplace Canhaur New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. William Grover

(b) Address 3337 Michigan

17. (a) Burial (b) Date thereof APR-17-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD CEMETERY

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 4-17-47 (b) G. Thraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15TH year 1947 hour 5:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 12 to April 15, 1947.

that I last saw h. alive on April 15, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 3 days

Due to Hypertension

Due to Diabetes Mellitus

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

Major findings: Of operations _____

Of autopsy let

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? _____

While at work? _____
(Specify type of place) (Means of injury)

23. Signature [Signature] (M.D. or other) _____

Address 2801 E 1st Date April 16 47

9:30-11
Kabeenah Hospital 29th & 1st

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..... *D. J. Nofsinger*
Licensed Embalmer No. *13938*
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.