

No. 2  
-1/47  
5-17-39

State File No. **24227**  
**3236**  
Registrar's No. ....

**FILED** AUG 13, 1947

Registration District No. ....

Primary Registration District No. **4002**

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: **Tuggles Rest Home, 3231 Prospect**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 years**  
(Specify whether years, months or days)

In this community **32 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

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

(d) Street No. **3231 Prospect Avenue** **8**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No) **0**

If yes, name country .....

3. (a) PRINT FULL NAME **Jacob HORNER**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **single**

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

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

7. Birth date of deceased **Unknown**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**Approx. 90** hr. min.

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

10. Usual occupation **Retired Hotel Clerk**

11. Industry or business .....

MOTHER FATHER

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Tuggles Rest Home**

(b) Address **3231 Prospect**

17. (a) **Burial** (b) Date thereof **8-2-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn**

18. (a) Signature of funeral director **Melody-McGilley-Eylar**

(b) Address **Kansas City, Missouri**

19. (c) **8-1-47** (b) **Seraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **30**  
year **1947** hour **5** minute **P.M.**

21. I hereby certify that I attended the deceased from **June 20**, 19**47** to **July 30**, 19**47**  
that I last saw him **in** give on **July 30**, 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** **5 yrs**

Due to **Arterio Sclerosis** **10 yrs**

Other conditions **senility**  
(Include pregnancy within 3 months of death)

Major findings: **95.2**

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

(e) Means of injury **0**

23. Signat **M. B. Corbett MD** (and other) .....

Address **4000 Baltimore X-City 7/30/47**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

Dr. Cascholt,  
4000 Baltimore  
Va. 5115

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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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.