

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

40470

State File No. _____

FILED JAN 8 1949

Registration District No. 154

Primary Registration District No. 5575

Registrar's No. 1

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town HOLMES PARK
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
BANNISTER ROAD & 71 HIGHWAY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 61 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

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

(d) Street No. BANNISTER ROAD & 71 HIGHWAY
(If rural, give location)

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

If yes, name country _____

3: (a) PRINT FULL NAME MR. FRANK JOSEPH HORN, JR.

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER, day 30TH, year 1948 hour _____ minute AM

21. I hereby certify that I attended the deceased from JAN 29, 1948, to DEC. 30, 1948, that I last saw him alive on DEC 27, 1948, and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. MAE ANNA HORN

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased FEBRUARY 19 1887
(Month) (Day) (Year)

Immediate cause of death HYPERTENSION

Duration YES

8. AGE: Years 61 Months 10 Days 11 If less than one day hr. _____ min. _____

Due to _____

Due to _____

Other conditions PROBABLY APOPLEXY & ICB
(Include pregnancy within 3 months of death)

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

10. Usual occupation BROCCER

Major findings:
Of operations _____

Of autopsy 831

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business OWNER & OPERATOR

12. Name FRANK JOSEPH HORN, JR.

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

14. Maiden name SELMA KANTNER

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

16. (a) Informant MRS. MAE ANNA HORN

(b) Address BANNISTER ROAD

17. (a) BURIAL (b) Date thereof JAN 3 1949
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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 _____

Signature [Signature] (M., D., or Other) _____

Address 6741 PROSPECT AVENUE Date signed 12/31/48

18. (a) Signature of funeral director [Signature]

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) JAN 1 1949 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

JUN 2 1949

JUN 29 1949

6741 Overplot
1-4

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 Jess T. News

Licensed Embalmer No. 445-3

P. O. Address St. Louis City

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.