

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8433**
1210

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> <u>24</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 11</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>North Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>Two</u>		d. STREET ADDRESS (If rural, give location) <u>1013 Swift</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Francis</u>	b. (Middle) <u>Ruth</u>	c. (Last) <u>Hornback</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-15-49</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 1</u>	8. DATE OF BIRTH <u>Sept. 5-1924</u>	9. AGE (In years last birthday) <u>24</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 1 HR. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>J.C. Penney Co</u>	11. BIRTHPLACE (State or foreign country) <u>Casper, Wyoming 1</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Jury</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Kenneth Hornback no K.C. Mo</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth Hornback no 2 c mo</u>	ADDRESS <u>1013 Swift</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable fractured skull</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>3 car collisions</u> DUE TO (c) <u>E 8164</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Injury at side chest</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No Post Mortem</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SOURCE HOME OR HOUSHOLD (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>North Kansas City Jackson MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 15-49 1:45A</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>	<u>24</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ruth B. Owens</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>1034 Pinto Blvd</u>	23c. DATE SIGNED <u>3-15-49</u>
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24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Buried</u>	24b. DATE <u>3/19/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smithville Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Smithville MO</u>
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DATE REC'D BY LOCAL REG. <u>3-16-49</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton Smith</u>	ADDRESS <u>North K.C. Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Theron D. Smith

Signed _____

Student Embalmer

Licensed Embalmer No. *3928*

P. O. Address *North Las Vegas City, NV*

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.