

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12813

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 68

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>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Prairie Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>99.8 M. 20</u>		d. STREET ADDRESS (If rural, give location) <u>15 E. 6 St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> b. (Middle) _____ c. (Last) <u>HORAIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-1-1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>8-9-1887</u>
9. AGE (in years last birthday) <u>61</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>
11. BIRTHPLACE (State or foreign country) <u>Vienna, Austria</u>		12. CITIZEN OF WHAT COUNTRY? <u>4</u>	

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MARDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
-----------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Jackson Co. Home</u>	18. ADDRESS <u>Rt. #4 - Disb. Mo</u>
---	-------------------------------	---	--------------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>4222</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT-SUICIDE-HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1-1, 1949, to 4/1, 1949 that I last saw the deceased alive on 4-1, 1949, and that death occurred at 6:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>JR Green M.D.</u>	23b. ADDRESS <u>Independence Mo</u>	23c. DATE SIGNED <u>4/2/49</u>
---	-------------------------------------	--------------------------------

24a. BURIAL-CREMA-TION-REMOVAL (Specify) <u>Anatomical</u>	24b. DATE <u>4/6/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>K.C. University</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>
--	-------------------------	---	---

DATE REC'D BY LOCAL REG. <u>4-6-49</u>	REGISTRAR'S SIGNATURE <u>Donald C. Earnshaw</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W.B. Langford</u>	ADDRESS <u>Leis Summit Mo</u>
--	---	---	-------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

48  
9

**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 N. B. Langford

Signed.....  
Student Embalmer

Licensed Embalmer No. 3833

P. O. Address Geis Summit

**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.