

No. 300
10-48
300

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43732
Registrar's No. 5465

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (When deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Hosp.</u>		d. STREET ADDRESS <u>3732 Washington</u>	
3. NAME OF DECEASED a. (First) <u>Frank</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-24-49</u>	
b. (Middle) <u>J.</u>		c. (Last) <u>Horn</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-31-1867</u>
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired Sec</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Surgery</u>		11. BIRTHPLACE (State or foreign country) <u>Fremont Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Joe Horn</u>	
13b. MOTHER'S MAIDEN NAME <u>Katherine Hauer</u>		14. NAME OF HUSBAND OR WIFE <u>Louisa M Horn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Louisa M. Horn</u>		ADDRESS <u>K.C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Perforated duodenal ulcer with hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral softening, left-parietal-occipital</u> DUE TO (c) <u>Hypertensive Cardiovascular disease, arteriosclerosis, and Coronary hypoxia</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5411</u>	
20: AUTOPSY? YES <input checked="" 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) (Min)		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 <u>Jan</u> , 19 <u>47</u> , to <u>12-24</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 27</u> , 19 <u>49</u> , and that death occurred at <u>5:50pm</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Jack W. Wolf</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>206 Apple Bldg Kansas City, Mo.</u>	
23c. DATE SIGNED <u>Dec 27, 1949</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12-27-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Culinary</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>		DATE REC'D BY LOCAL REG. <u>12-27-49</u>	
REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Wagner Funeral Home</u>	
ADDRESS		ADDRESS	

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

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.

Student _____
Student Embalmer

Signed Abrie R. Haunschild

Licensed Embalmer No. 4159

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.