

FILED MAR 3 1950

STANDARD CERTIFICATE OF DEATH

State File No. 5990  
Registrar's No. 69

BIRTH NO.		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 69	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Independence</b>		c. LENGTH OF STAY (in this place) <b>5 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Independence Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>427 N. Delaware St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Independence Sanitarium</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lillian</b> b. (Middle) <b>I.</b> c. (Last) <b>Horn</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 18, 1950</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>May 18, 1873</b>	
9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>New Florence, Penn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Cunningham</b>			13b. MOTHER'S MAIDEN NAME <b>Emily Cavode</b>		14. NAME OF HUSBAND OR WIFE <b>Wilkie L. Horn (Deceased)</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ted Horn</b> <b>Indep. Mo.</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral vascular thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>hypertension - arteriosclerosis</b> DUE TO (b) <b>with</b> DUE TO (c) <b>Terrninal Bronchopneumonia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>years</b> <b>36 hrs</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>331X</b>			
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 for <b>10 years</b> , to <b>Feb 18, 1950</b> , that I last saw the deceased alive on <b>2-18-1950</b> , and that death occurred at <b>Indep. Mo.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Romberg</b> (Degree or title)				23b. ADDRESS <b>Independence Mo.</b>		23c. DATE SIGNED <b>2-20-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Feb. 21, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Feb. 19-1950</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b> 354		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>OTT &amp; MITCHELL</b> <b>INDEP. MO.</b>			

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

MAR 9 1950

FEB 24 RECD

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.....

working under my personal supervision.

Signed *P. Marion DeW* Student Embalmer No.....

Signed..... Student Embalmer

Licensed Embalmer No. 3156

P. O. Address. Independence, 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.