

FILED JUN 17 1950

STANDARD CERTIFICATE OF DEATH

State File No. 20263

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2398

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 49 YEARS		d. STREET ADDRESS (If rural, give location) 6450 Pennsylvania	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6450 Pennsylvania			

3. NAME OF DECEASED (Type or Print) a. (First) Stella b. (Middle) M. c. (Last) HORN			4. DATE OF DEATH (Month) (Day) (Year) May 27 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH March 5, 1885		9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	
11. BIRTHPLACE (State or foreign country) SPRINGFIELD, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. KIND OF BUSINESS OR INDUSTRY AT HOME	

13a. FATHER'S NAME W. Hunter Day		13b. MOTHER'S MAIDEN NAME EMMA Lloyd		14. NAME OF HUSBAND OR WIFE WILLIAM E. HORN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. CHARLES JAMES, 6450 PENNSYLVANIA	

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) Carcinoma of sigmoid Colon with Metastases				INTERVAL BETWEEN ONSET AND DEATH 7 years	
		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.				15%	

19a. DATE OF OPERATION 1948		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Sigmoid Colon				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)			
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 **Aug**, 1948, to **May 27**, 1950, that I last saw the deceased alive on **May 27**, 1950, and that death occurred at **8 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Jack W. Wolf (Degree or title) M.D.		23b. ADDRESS 206 Argyle Bldg Kansas City, Mo		23c. DATE SIGNED May 28-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 29, 1950		24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	
				24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	

DATE REC'D BY LOCAL REG. 5-28-50		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newdamer's Sons ADDRESS 1331 Brush Creek Kansas City, Mo.	
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WRITE PLAINLY—USING UNFADEING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Robert Roy

Signed.....
Student Embalmer

Licensed Embalmer No. *4182*

P. O. Address *KANSAS 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.