

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23547**

Registrar's No. **2970**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2970	
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 (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 57 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		3838	
d. FULL NAME OF HOSPITAL OR INSTITUTION 214 E. 56th Street				d. STREET ADDRESS (If rural, give location) 214 E. 56th Street			
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth			b. (Middle) Davis		c. (Last) Hornbrook		4. DATE OF DEATH (Month) (Day) (Year) July 5, 1950
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Oct. 23, 1865	9. AGE (In years last birthday) 84	10. UNDER 1 YEAR Months	11. UNDER 1 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New Jersey		12. CITIZEN OF WHAT COUNTRY? US A
13a. FATHER'S NAME Charles L. Davis			13b. MOTHER'S MAIDEN NAME Louise Simpkins		14. NAME OF HUSBAND OR WIFE Harry Hornbrook, dec.		
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. No		17. INFORMANT'S SIGNATURE OR NAME Mo. ADDRESS Miss Louise Hornbrook, 214 E. 56th St. KC			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Generalized atherosclerosis</u>							
3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ca. of cancer</u>							
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>Dec</u> , 19 <u>49</u> , to <u>July</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>July 5</u> , 19 <u>50</u> , and that death occurred at <u>6:15 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE Martin J. Mueller MD (Print or title) Martin J. Mueller MD				23b. ADDRESS 934 A Maple Blvd		23c. DATE SIGNED 7-7-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7/7/50	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State). Kansas City, Mo.		
DATE REC'D BY LOCAL REG. 7-7-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE, Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Martin J. Mueller
or Dr. Carl Ferris - Weyla Bldg.

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 _____

S J Allen

Licensed Embalmer No. _____

P. O. Address _____

*1415
K Chas*

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.