

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33556**
4190

BIRTH NO. 58127-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4190

1. PLACE OF DEATH
a. COUNTY **JACKSON**
b. CITY (If outside corporate limits, write RURAL and give town or township) **TOWN KANSAS CITY**
c. LENGTH OF STAY (in this place) **life**
d. FULL NAME OF HOSPITAL OR INSTITUTION **GENERAL HOSPITAL #2**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MISSOURI** b. COUNTY **JACKSON**
c. CITY (If outside corporate limits, write RURAL and give township) **TOWN KANSAS CITY**
d. STREET ADDRESS (If rural, give location) **1409 Harrison Street**

3278
380

3. NAME OF DECEASED
a. (First) **BOBBIE** b. (Middle) **JEAN** c. (Last) **HORNE**
4. DATE OF DEATH (Month) (Day) (Year) **SEPTEMBER 18 1950**
5. SEX **FEMALE** 3 6. COLOR OR RACE **NEGRO**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **SINGLE** 1
8. DATE OF BIRTH **SEPTEMBER 17 1950**
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. **20 58**
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **INFANT**
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) **KANSAS CITY, MISSOURI**
12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **ROBERT LEONARD HORNE** 13b. MOTHER'S MAIDEN NAME **JEANNETTE LOUISE FULTON** 14. NAME OF HUSBAND OR WIFE **none**

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 **JEANNETTE L. HORNE** ADDRESS **1409 Harrison Street**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **RESPIRATORY & CIRCULATORY FAILURE**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **PREMATURITY (1 lb. 13 1/2 oz)**
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH
770X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-17, 19 50, to 9-18, 1950, that I last saw the deceased alive on 9-18, 19 50, and that death occurred at 4:40 P m., from the causes and on the date stated above.

23a. SIGNATURE **F. Frank Ellis** MD (Degree or title) 23b. ADDRESS **600 East 22nd Street** 23c. DATE SIGNED **9-19-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE **10-6-50** 24c. NAME OF CEMETERY OR CREMATORY **Reeds Cemetery Kansas City Jackson MO** 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. **10-4-50** REGISTRAR'S SIGNATURE **S. Geraldine Holmes** 25. GENERAL DIRECTOR'S SIGNATURE **W. C. Johnson** ADDRESS **11 E MO**

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

Not Embalmed

working under my personal supervision.

Student Embalmer No.

Signed

Wm A. Robinson

Signed.....
Student Embalmer

Licensed Embalmer No. *3089*

P. O. Address *St. Louis*

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.