

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20102  
2398

FILED JUN 30 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>   |  |
| c. LENGTH OF STAY (in this place) <u>8 yrs</u>  |  | d. STREET ADDRESS (If rural, give location) <u>1810 E. 34th St.</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1810 E. 34th St.</u>                         |  |   |  |

|  |                            |  |  |  |   |
|--|----------------------------|--|--|--|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Carl</u> b. (Middle) <u>E.</u> c. (Last) <u>Horn</u> |                            |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>6-19-1951</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<br><u>3-9-1885</u>                          |  | 9. AGE (In years last birthday) <u>66</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>  |                            | 10b. KIND OF BUSINESS OR INDUSTRY <u>Midwestern Paper Co.</u>                |  | 11. BIRTHPLACE (State or foreign country) <u>Muncie, Indiana</u> |   |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>  |                            | 13a. FATHER'S NAME <u>Not known</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Not known</u>                       |   |
| 13c. NAME OF HUSBAND OR WIFE <u>Jennie Horn</u>  |                            | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> |  | 16. SOCIAL SECURITY NO. <u>486-07-1472</u>                       |   |

|   |  |                                    |  |
|---|--|------------------------------------|--|
| 17. INFORMANT'S SIGNATURE OR NAME<br><u>Jennie Horn</u> |  | ADDRESS<br><u>1810 E. 34th St.</u> |  |
|---|--|------------------------------------|--|

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>                          |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6-8 wks</u> |  |
| ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertension with</u><br>DUE TO (c) <u>myocarditis acute</u>                          |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  | <u>few weeks</u>                                   |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 19a. DATE OF OPERATION<br><u>none</u>    |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input 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) |  | 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 6-6-1951 to 6-19-1951, that I last saw the deceased alive on 6-18-1951, and that death occurred at 2:35 a.m., from the causes and on the date stated above.

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|--|--|---|--|---|--|
| 23a. SIGNATURE<br><u>B. Acheson M.D.</u>                                 |  | 23b. ADDRESS<br><u>3850 Briarwood</u>                           |  | 23c. DATE SIGNED<br><u>6-19-51</u>                    |  |
| 24a. BURIAL CREMA TION, REMOVAL (Specify)                                |  | 24b. DATE<br><u>6-19-51</u>                                     |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Woodlawn</u> |  |
| 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Mo.</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Libertson - L. G. K.</u> |  | ADDRESS   |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG.<br><u>6-19-51</u> |  | REGISTRAR'S SIGNATURE<br><u>Geraldine Holmes</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Libertson - L. G. K.</u> |  |
|--|--|--|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3135

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.