S. No. 300
v. 10.48

FILED DEC 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42177

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5319

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 41 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5144 Norton Avenew

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 2905 Forest Street

3. NAME OF DECEASED (Type or Print): a. (First) Pearl b. (Middle) Hornish c. (Last) Belknap

4. DATE OF DEATH (Month) (Day) (Year): Dec - 6 - 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. - 6, - 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): Clarksville Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: George B. Hornish
13b. MOTHER'S MAIDEN NAME: Lillie Loomis
14. NAME OF HUSBAND OR WIFE: Franklin Belknap

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 482-07-5201
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs. Paul N. Bilyeu 5144 Norton Avenew Kansas City, Mo.

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) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 1952

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma Breast — 1946
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death:* Ocular Disturbances - probably Metastatic

19a. DATE OF OPERATION: 46-49-51
19b. MAJOR FINDINGS OF OPERATION: No recent operation 170X
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.): No
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): No

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): No m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? No

22. *I hereby certify that I attended the deceased from* 3-2-6, 1924, *to* 12-3, 1952, *that I last saw the deceased alive on* 12-3, 1952, *and that death occurred at* 4:20A. *m., from the causes and on the date stated above.*

23a. SIGNATURE W. A. Myers (Degree or title): W. A. Myers MD MD
23b. ADDRESS: 1115 Grand Ave. Kansas City Mo.
23c. DATE SIGNED: 12-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC-7-1952
24c. NAME OF CEMETERY OR CREMATORY: CARTERVILLE CEMETERY
24d. LOCATION (City, town, or county) (State): CARTERVILLE MISSOURI

DATE REC'D BY LOCAL REG.: 12-6-52
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: D. W. Newcomb Sons Kansas City Mo. E. Brush Creek Blvd

(Licensed Embalmer's Statement on Reverse Side)

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 Robert C. Herron

Licensed Embalmer No. 4849

P. O. Address K C 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.