

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

1. PLACE OF DEATH  
a. COUNTY Jackson 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MO b. COUNTY Jackson

b. CITY OR TOWN Kansas City c. LENGTH OF STAY (in this place) 2 yrs  
c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 709 Washington 11. STREET ADDRESS (If rural, give location) 709 Washington

3. NAME OF DECEASED a. (First) Horner b. (Middle) Spitser c. (Last) \_\_\_\_\_ 4. DATE OF DEATH (Month) (Day) (Year) 8 9 55

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 8. DATE OF BIRTH 9-8-1882 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) Farmer 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) MO 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT'S SIGNATURE OR NAME Jackson County Welfare ADDRESS K.C. MO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cause of death unknown INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

ANTECEDENT CAUSES DUE TO (b) \_\_\_\_\_  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7955

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION Part Refused 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural 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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) 3 23b. ADDRESS 1834 Piatt Bldg 23c. DATE SIGNED 8-12-55

24a. BURIAL, CREMATION, REMOVAL (Specify) School 24b. DATE 8/12/55 24c. NAME OF CEMETERY OR CREMATORY K.C. College of Osteopathy 24d. LOCATION (City, town, county) (State) KANSAS CITY MO

DATE REC'D BY LOCAL REG. 8-13-55 REGISTRAR'S SIGNATURE Neve Marshall 25. FUNERAL DIRECTOR'S SIGNATURE PASSANTINO BROS. ADDRESS K.C. 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed... *Leonard A. Panant* .....

Licensed Embalmer No... *453* .....

P. O. Address ... *K. C. M.* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.