

FILED JAN 5 1944

Registration District No. **1944/9**

Primary Registration District No. **1002**

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Kansas City Gen. Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether)

In this community 8 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Jackson

(b) City or town Kansas City

(c) Street No. 712 W. 12th St  
(If outside city or town limits, write "RURAL")

(d) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Raynolds, Horace V.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24  
1943 year. hour 4:00 minute P M.

3. (b) If veteran, name war No

3. (c) Social Security No. 509-03-2461

21. I hereby certify that I attended the deceased from Dec 23 to Dec 24 at 1m 43 of December 1943 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race Wh

6. (a) Single, widowed, married, divorced 0 3

6. (b) Name of husband or wife Louis

6. (c) Age of husband or wife if alive 6 years 1913 (Day) (Year)

7. Birth date of deceased Aug 6 1913  
(Month) (Day) (Year)

Immediate cause of death  
Intestinal resection for strangulated loop of bowel

8. AGE: Years 30 Months 4 Days 18  
If less than one day hr. min.

Due to 122 hr

Due to

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Kansas  
(City, town, or county) (State or foreign country)

Major findings: Of operations See above

Of autopsy

10. Usual occupation Driver

11. Industry or business Anderson Motor Truck

12. Name Charles F. Raynolds

13. Birthplace Mass  
(City, town, or county) (State or foreign country)

14. Maiden name Anna King

15. Birthplace Kans. 1  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? Hope Kas. H.S.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Charles F. Raynolds

(b) Address 4111 E. 19th Street

17. (a) Removal (b) Date thereof 12 27 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hope Kas. H.S.

18. (a) Signature of funeral director Wm. H. Fowler

(b) Address Kansas City Mo

19. (a) 12-25-43 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) Means of injury 1

23. Signature Wm. R. Thom (M. D. or other)

Address General Hosp. Date signed

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

MOTHER FATHER

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**