

REC'D FEB 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1061
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City (d) Street No. Menonah Hosp. Registered No. 74
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

652 Harold Bormaster
(a) Residence, No. 825 E. 42nd St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1915
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 6 2
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe Merchant
9. Industry or business in which work was done, as saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Joplin
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Louis Bormaster

14. BIRTHPLACE (CITY OR TOWN) Poland
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Tillie Herine

16. BIRTHPLACE (CITY OR TOWN) Poland
(STATE OR COUNTRY)

17. INFORMANT Joe Bormaster
(ADDRESS) K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Joplin, Mo. DATE 1-9-39

19. FUNERAL DIRECTOR (NAME) J. P. Louis Funeral Home
(ADDRESS) K. C. Mo.

20. FILED Jan 8 1939 A. A. Crome
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from May, 1938 to Jan 8, 1939
I last saw him alive on Jan 8, 1938 Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

Heart of Coronary Arteries Date of onset
Primary, unknown
53

Other contributory causes of importance:
Obstruction of the Trachea
Secondary pneumonia and
glomerular nephritis
Name of operation None Date of Oct 1938
What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. M. Sleeper, M. D.
(Address) 724 Cassyle

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, above space should be left blank.