

BUREAU OF THE CENSUS
FILED SEP 24 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2369

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 Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital 9 Days (Specify whether
In this community 41 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3821 East 53rd Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: -----

3. (a) PRINT FULL NAME Mrs. Anna May Richmond Borchert

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. John C. Borchert 6. (c) Age of husband or wife if alive 26 years (Day) (Year) 1872

8. AGE: Years Months Days If less than one day
70 3 15 hr. min.

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

10. Usual occupation At Home

11. Industry or business -----

MOTHER FATHER { 12. Name Francis G. Richmond
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Cynthia Dycus
15. Birthplace Decatur Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Raymond W. Creed
(b) Address 3821 East 53rd Street

17. (a) Burial (b) Date thereof Sept. 14, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 9-14-42 (b) M. W. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11th
year 1942 hour 2 minute 26 P. M.

21. I hereby certify that I attended the deceased from Aug 29 1942 to Sept 12 1942
that I last saw h. or alive on Sept 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death bronchitis
thrombosis
secondary carcinoma of the
Due to pancreas
Due to 46y
Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations
Of autopsy same as above

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature Dolan McWilliam (M. D. or other)
Address 806 Prof Bldg Date signed 9/14/42

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

806 Professional Bldg.
11-5

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..... *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address..... *F.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.