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5-17-33
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 132

Primary Registration District No. 5476

Registrar's No. 73

1. PLACE OF DEATH:

(a) County: Grundy

(b) City or town: TREATON LINCOLN

(c) Name of hospital or institution: R 70461
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 78 years (Specify whether years, months or days)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Grundy

(c) City or town: RURAL - Lake Sup
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: JACOB W. BORTA

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 21
year: 1943 hour: 11:35 minute: A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex: MALE

5. Color or Race: White

6. (a) Single ~~widowed~~ married, divorced: 2

6. (b) Name of husband or wife: Julia Francis Bort

6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: April 18 1852
(Month) (Day) (Year)

Immediate cause of death: acute myocardial infarction

Due to: arterio sclerosis

Duration: 5 1/2

8. AGE: Years: 91 Months: 1 Days: 3 If less than one day hr. _____ min. _____

9. Birthplace: Mercer County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farm

12. Name: Samuel Bort

13. Birthplace: _____ Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name: Martha Bort

15. Birthplace: _____ Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant: J. B. Bort

(b) Address: _____ Mo.

17. (a) Burial, cremation, or removal: _____ (b) Date thereof: 5-23-43
(Month) (Day) (Year)

(c) Place: burial or cremation: _____

18. (a) Signature of funeral director: _____

(b) Address: _____

19. (a) 5-26-43 (b) L. D. Roberts
(Date received local registrar) (Registrar's signature)

Other conditions: _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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)

(e) Means of injury: _____

23. Signature: _____ (M. D. or other)

Address: _____ Date signed: _____

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

40
00

1330

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.....

Myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Raymond A. Williams

Licensed Embalmer No. *3424*

P. O. Address. *Jackson 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.