

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946
Registration District No. 177

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40469**
Registrar's No. **5229**

Primary Registration District No. 1002

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 K.C. General Hospital No. 1
(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 35 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. 707 East 9th St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME John Julius Born
(b) If veteran, name war No. (c) Social Security No. none
4. Sex M. Color or race W. 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife MARGARET (c) Age of husband or wife if alive 59 years
7. Birth date of deceased FEB 12 1887
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 11th
year 1946 hour 12:00 Midnight M.
21. I hereby certify that I attended the deceased from 12-10-46, 19, to 12-11-46, 19;
that I last saw h. im. alive on 12-11-46, 19,
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 9 Days 30 If less than one day
hr. min. New York

Immediate cause of death Cerebral vascular accident
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: 83 w
Of autopsies: See above

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
12. Name Valentine Born
13. Birthplace N.Y.
14. Maiden name Margaret Kiel
15. Birthplace Unknown
16. (a) Informant Margaret Born
(b) Address 707 E. 9th
17. (a) Burial (b) Date thereof 12-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn
18. (a) Signature of funeral director Blackman
(b) Address 15. C. 17th
19. (a) 12-13-46 (b) Geraldine Holman
(Date received local registrar) (Registrar's signature)

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 Wm W. Zick (M. D. or other) MD
Address Med. Dir. K.C. Gen. Hosp. K.C. Mo. Date signed

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..... *H. O. Blackman*.....
Licensed Embalmer No. *3639*.....
P. O. Address..... *RC 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.