S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 24 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12304

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 114

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nursing Home #2. 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair 1
(c) City or town Kirksville, 3 (If outside city or town limits, write "RURAL")
(d) Street No. Carlton Apts. 3 (If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Julius-Conrad- Bornemann
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Lena Warner
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased June (Month) 16 (Day) 1872 (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	9	27	hr. min.

9. Birthplace Kirksville, (City, town, or county) Mo. (State or foreign country) U
10. Usual occupation Tailor
11. Industry or business Cleaning Business
FATHER
12. Name Conrad C. Bornemann
13. Birthplace Hanover, Germany. (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Arthusea Sloan
15. Birthplace Kentucky (City, town, or county) (State or foreign country) 1
16. (a) Informant Lena Bornemann
(b) Address Kirksville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Cemetery
18. (a) Signature of funeral director Summers & Powell
(b) Address Kirksville, Mo.
19. (a) 4-19-47 (Date received local registrar) (b) Kate Lambert (Registrar's signature) 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13, year 1947. hour 8 minute 20 P M.
21. I hereby certify that I attended the deceased from April 1, 1947, to April 13, 1947; that I last saw him alive on April 13, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Medullary failure	18 hrs
Due to Thrombotic Cerebromalacia	3 months
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
77

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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature M. T. Gutensohn (M.D. or other) D.O.
Address Kirksville, Mo Date signed 4-19-47

(Licensed Embalmer's Statement on Reverse Side)

District File Number 4-42-70
Date Filed APR 22 1947

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 James J Tay Jr, Registered Apprentice No. 426, working under my personal supervision.

Signed W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Kirksville 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.