

No. 2  
4-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32802

State File No. \_\_\_\_\_

FILED NOV 4 1948  
149

1002

Registrar's No. 4202

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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:  
Osteopathic Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours  
(Specify whether  
In this community 10 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural (Brooking)  
(If outside city or town limits, write "RURAL")

(d) Street No. 5317 Rinker Road  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Selwyn Bordner

(b) If veteran, name war no

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14  
year 1948 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from Oct. 13  
13 19 48 to Oct. 14 19 48  
that I last saw him alive on Oct. 13 19 48  
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, widowed

6. (b) Name of husband or wife Nora Bordner

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 28, 1869  
(Month) (Day) (Year)

Immediate cause of death cerebral hemorrhage

Due to arterial sclerosis yrs.

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>8</u>	<u>16</u>	hr. min.

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Napoleon Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation beekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Benjamin F. Bordner

{ 13. Birthplace Holland  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Frances A. Blodgett

{ 15. Birthplace unknown  
(City, town, or county) (State or foreign country)

Major findings: 830

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

16. (a) Informant George S. Bordner

(b) Address 5317 Rinker Rd.

17. (c) removal (b) Date thereof 10-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holton, Kans.

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? \_\_\_\_\_

18. (a) Signature of funeral director E. Clark Fegert

(b) Address Raytown, Mo.

19. (a) 10-16-48 (b) Staldine Holmes  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury E. D. Reese

23. Signature E. D. Reese (M. D. or other)  
Address 3309 E 12 Date signed 10-15-48

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

**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, fact should be so stated above.**

10. Usual occupation XXXXXXXX

11. Industry or business XXXXXXXX

MOTHER FATHER { 12. Name Benjamin F. Bordner  
Holland

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Frances A. Bludgett

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant George S. Bordner

(b) Address 5317 Rinker Rd.

17. (a) Removal (b) Date thereof Oct. 16, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holton Kansas.

18. (a) Signature of funeral director [Signature]

(b) Address Raytown, Missouri

19. (a) 10-16-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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 \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_Address 3309 E 12 Date signed 10-14-48

(Licensed Embalmer's Statement on Reverse Side)

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.....

*Joseph Ronald Goldsman*

Registered Apprentice No. *225*

working under my personal supervision.

Signed

*Russell N. France*

Licensed Embalmer No. *4255*

P. O. Address *K' C 2nd*

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.