

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12424

BIRTH NO. 49-022207 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1705

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Wagonette	
b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) Kansas City 6 hrs 1 min		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City 111	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 1700 W 18th 2	

3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) c. (Last) Girl Borman			4. DATE OF DEATH (Month) (Day) (Year) 4-17-49		
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5. SEX Female	6. COLOR OR RACE White	MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify) new born	8. DATE OF BIRTH 4-17-1949	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. - - - 6-1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) new born	10b. KIND OF BUSINESS OR INDUSTRY new born	11. BIRTHPLACE (State or foreign country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Patrick Borman	13b. MOTHER'S MAIDEN NAME Johanna Meyer	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. no. or unknown) (If ym. give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Patrick Borman 1700 W 18th K.C. Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure, acute		INTERVAL BETWEEN ONSET AND DEATH 6 hrs 1 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Atresia c DUE TO (c) Patent Septal Defect		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Microcephalic		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1512	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-17-1949, to 4-17-1949; that I last saw the deceased alive on 4-17-1949, and that death occurred at 1:49 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A.E. Upsher E. Upsher O. M.D.	23b. ADDRESS 2800 Main	23c. DATE SIGNED 4/18/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-18-49	24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary	24d. LOCATION (City, town, or county) (State) K.C. Kans.
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DATE REC'D BY LOCAL REG. 4-18-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. Buttlis Sons K.C. Kans.
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**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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed *Russell W. Dennis*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3462*

P. O. Address *Kansas City 2, Kans*

**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.