

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35147**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4122**

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:
General Hospital
(If not in hospital or institution, write street number or location) **/**
(d) Length of stay: In hospital or institution **32 years** (Specify whether years, months or days)
In this community **32 years**

RECORDED NOV 14 1939

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** / (b) County **Jackson**
(c) City or town **Independence**
(If outside city or town limits, write "RURAL")
(d) Street No. **104 North Huttig**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

HUGH O. BORLAND

3. (b) If veteran, name war **X**

3. (c) Social Security No. **487-10-2480-37**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Eva Marie Borland**

6. (c) Age of husband or wife if alive **30** years

7. Birth date of deceased **May 4, 1907**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 **5** **21** hr. min.

9. Birthplace **Kansas City, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Sheffield Steel**

11. Industry or business

MOTHER FATHER
12. Name **No Record**
18. Birthplace **No Record**
(City, town, or county) (State or foreign country)
14. Maiden name **No Record**
15. Birthplace **No Record**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Eva Marie Borland**
(b) Address **104 N. Huttig**

17. (a) **Burial** (b) Date thereof **10-28-39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Quick & Cohen Co**
(b) Address **H. C. Ma**

19. (a) **10/28/39** (b) **M. M. Browne**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10-25-39** Year **1939** hour **7:30** minute **P** M.

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

Immediate cause of death **Stychnine Poisoning**
Due to **163**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) **Suicide**
(b) Date of occurrence **10-25-39**
(c) Where did injury occur? **Home** (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) (a) Means of injury

23. Signature **Russell Jew** (M. D. or other) **4**
Address **H. C. Ma** Date signed _____

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

Rev. 5-17-39 1 X19311

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 23 1956

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 Maurice Mauwrik
Licensed Embalmer No. 2726
P. O. Address KCMO

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, above space should be left blank.