

FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5382

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 607

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: 2446 Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 56 years (Specify whether 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. 2446 Washington
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINTED FULL NAME FELLMAN MARY BOURNONVILLE

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Michael Bournonville 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 14, 1859
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 23 If less than one day hr. _____ min. _____

9: Birthplace Green Bay, Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Antone Talley
18. Birthplace Belgium
(City, town, or county) (State or foreign country)

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

16. (a) Informant Louis Bournonville

(b) Address 4715 Brown, H.C. Mo.

17. (a) Burial (b) Date thereof 2-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk & Kabin Co.

(b) Address Kansas City, Mo.

19. (a) Feb. 9, 1940 (b) M.M. Casave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7th year 1940 hour _____ minute P. M.

21. I hereby certify that I attended the deceased from Feb. 4, 1940, to Feb. 4, 1940

that I last saw him alive on Feb. 4, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia
Chronic Myocarditis 3 weeks
2 years

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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 1

23. Signature John Sheldon (M. D. or other) _____
Address 504 1/2 Locust Date signed 2/9/40

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 Charles M. Devine

Licensed Embalmer No. 3774

P. O. Address Kansas City, 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, above space should be left blank.