

FILED JUN 6 1942 99

Registration District No. **3 99**

Primary Registration District No. **1002**

Registrar's No. **2072**

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:  
**1500 Linwood Blvd. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **19 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Carrie A. Bortzfield**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced, **Widowed**  
6. (b) Name of husband or wife **none**  
6. (c) Age of husband or wife if alive, years **2**  
7. Birth date of deceased: **August 2 1869**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**72 9 8 25** hr. min.

9. Birthplace **S. Carolina**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER  
12. Name **McCager Brown**  
13. Birthplace **Unknown 9**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Harriet Naylor**  
15. Birthplace **Unknown 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Lloyd Bortzfield**  
(b) Address **5924 Harrison Street**

17. (a) **Burial Removal** (b) Date thereof **5-30-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Prescott, Kansas**

18. (a) Signature of funeral director **Freema n Mortuary**

(b) Address **Kansas City, Mo.**

19. (a) **5-28-42** (b) **M. M. Browe**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **48**  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1500 Linwood Blvd.**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **27** day **May**  
year **1942** hour minute **15** M.

21. I hereby certify that I attended the deceased from **May 27 1942** to **May 27 1942**  
that I last saw **alive on May 27 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial infarction**  
**critical heart attack 1 yr ago**

Due to

Due to **92B**

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **NO**

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) **NO**

(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) (Means of injury)

13. Signature **J. M. Gage** (M. D. or other) **0**

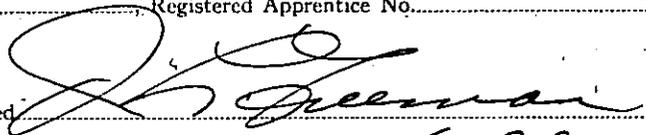
Address **248 S. Division** Date signed **5-27-42**

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.

2939

P. O. Address

50210

**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.**