

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40470**
Registrar's No. **5044**

Registration District No. **149** Primary Registration District No. **1002**

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: **ST JOSEPH HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **35 DAYS** (Specify whether years, months or days) **30 YEARS**

3. (a) PRINT FULL NAME **MATTIE BORTON**
3. (b) If veteran, name war **110** **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 **ROBERT BORTON** **6. (c) Age of husband or wife if alive** ----- years
7. Birth date of deceased **MARCH 30 - 1861**
(Month) (Day) (Year)

8. AGE: Years **85** Months **8** Days **0** If less than one day hr. min.

9. Birthplace **UNION CITY, TENNESSEE**
(City, town, or county) (State or foreign country)

10. Usual occupation -----
11. Industry or business **AT HOME**

MOTHER FATHER
12. Name **LEVI SIMMONS**
13. Birthplace **UNKNOWN VIRGINIA**
(City, town, or county) (State or foreign country)
14. Maiden name **FRANCES COKE**
15. Birthplace **UNKNOWN VIRGINIA**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Maude Borton Sanders**
(b) Address **2418 Linwood Blvd**

17. (a) removal **(b) Date thereof** **12-2-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MARION, ILLINOIS**

18. (a) Signature of funeral director **C. H. Newcomer Sons**
(b) Address **1401-BRUSH CREEK BLYD**

19. (a) 12-2-46 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. **2418 LINWOOD BLVD.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country -----

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **30th** year **1946** hour **4** minute **35 A. M.**
21. I hereby certify that I attended the deceased from **Aug 8** 19**46** to **Nov 30** 19**46**
that I last saw **her** alive on **Nov 29** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Toxic myocarditis** Duration **1 month**
Due to **Fracture, Hip, Right** **Intra capsular** **2 1/2 mos**
Due to -----
Other conditions: **Senility**
(Include pregnancy within 3 months of death)

Major findings: **860-5**
Of operations: **1.0**
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) **Fall in Home**
(b) Date of occurrence **Aug 8, 1946**
(c) Where did injury occur **Jackson Home** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Residence**
(Specify type of place)
While at work? ----- (e) Means of injury: **Fall**
23. Signature **Barnett Perkins** (M. D. or other) **836 Argyle Bldg** **Date signed** **Dec 2 1946**

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 *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *K. C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.