

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

20835

State File No.

2809

National Office of Vital Statistics

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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..... **7300 Summit St Kansas City, Mo.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **None** (Specify whether
years, months or days) **35 years**

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..... **7300 Summit**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Mrs. Hortense M. BORSERINE**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **July** day..... **1 st**
year..... **1947** hour..... **12** minute..... **15 P.M.**

4. Sex..... **Female**

5. Color or race..... **White**

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

6. (b) Name of husband or wife..... **Henry D. Borserine**

6. (c) Age of husband or wife if alive..... **69** years

7. Birth date of deceased..... **May 29th, 1883**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1-1-47** to **7-1-47** that I last saw her alive on **7-1-47** and that death occurred on the date and hour stated above.
Duration

8. AGE:	Years	Months	Days	If less than one day
	64	1	2 hr. min

Immediate cause of death.....
MYOCARDIAL FAILURE
CARDIO-RENAL-VASCULAR DISEASE
7 mos. 5 yrs

9. Birthplace..... **Paris France**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housewife**

11. Industry or business..... **Home**

12. Name..... **George DeDual**

13. Birthplace..... **Paris France**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Barbara Amilacur**

15. Birthplace..... **Paris France**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Dennis Rylee**

(b) Address..... **7300 Summitt, K.C. Mo.**

17. (a) Removal..... **Removal** (b) Date thereon..... **7-5-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Horton, Kan.**

18. (a) Signature of funeral director..... **Melody-McGilley-Eylar**

(b) Address..... **1800 Linwood Blvd. K.C. Mo.**

19. (a) **2-2-47** (Date received local registrar)

(b) **Gertrude Holmes** (Registrar's signature)

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

Major findings:
Of operations..... **131a**

Of autopsy.....

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)

23. Signature..... **J. L. Hoffman** (M. D. or other)

Address..... **131a** Date signed..... **7-2-47**

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING 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.....

Elmer E. Heck

Licensed Embalmer No. *4063*

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, fact should be so stated above.