

Bornhorn, John H 1872 - 1945

Kentucky Post - October 24, 1945

BORNHORN—John H., beloved husband of the late Adelaide Bornhorn (nee Kley-meier), northeast corner 39th and Decoursey-ave, Ky., Tuesday, October 23, 1945, age 72 years. Funeral Friday, October 26; from the Linneman Funeral Home, 25-27 E. 11th-st, at 8:30 a. m. Requiem High Mass at Holy Cross Church, at 9 a. m. Interment Mother of God Cemetery.

Form V. B. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 21740
Registrar's No. 954

Registration District No. 790 Primary Registration District No. 2290

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Covington
(c) Name of hospital or institution: Mother of God Hosp.
(d) Length of stay: In hospital or community 11 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky. (b) County Newton
(c) City or town Covington
(d) Street No. P.E. box 39 + Decoursey
(e) If foreign born, how long in U. S. A.?

3(a) FULL NAME John H. Bornhorn
3(b) If veteran, Name war _____ 3(c) Social Security No. _____

4. Sex M. 5. Color or race W. 6(a) Single, widowed, married, divorced Widowed

6(b) Name of husband or wife Adelaide Heymeyer
6(c) Age of husband or wife if alive _____ Years
7. Birth date of deceased Oct. 24 - 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 30 If less than one day hr. min.

9. Birthplace Covington Ky.
10. Usual occupation Machinist L & N. R. R.
11. Industry or business Retired 7 Yrs.

FATHER
12. Name Herman Bornhorn
13. Birthplace Germany

MOTHER
14. Maiden name Mary Emig
15. Birthplace Germany

16(a) Informant's own signature John J. Bornhorn
(b) Address 711 E 21 St Covington Ky

17. BURIAL, CREMATION, OR REMOVAL
Place Mother of God Date 10-26-45

18(a) Signature of funeral director Henry Linneman
(b) Address Covington Ky

19(a) OCT 27 1945 (Date received by local registrar) (b) W. R. Mueser, M.D. (Registrar's signature) (c) 32 E 27th (Address) (d) 10-26-45 (Date signed)

MEDICAL CERTIFICATION
20. DATE OF DEATH Oct. 23 - 1945
21. I hereby certify that I attended the deceased from Oct 12 1945 to Oct 23 1945, that I last saw him alive a Oct 22 1945 and that death occurred on the date stated above at 8:30 A.M.

Immediate cause of death
Renal insufficiency DURATION 2-4 mos?
uremia 2-3 day?
Due to Chronic pyelonephritis 1 yr?
Prostatic hypertrophy 5-10 yr?

Other conditions generalized arteriosclerosis
(listing pregnancy within 3 months of death)

Major findings:
Of operations 191A-97
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? in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (a) Manner of injury _____
23. Signature W. R. Mueser, M.D. (b) 32 E 27th (c) 10-26-45
Address _____ Date signed _____
Covington Ky

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.