

DEC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

14836

Do not use this space.

1. PLACE OF DEATH

(a) County Lapeer Registration District No. 991
 (b) Township Third Creek Primary Registration District No. 5419 Registered No. 1
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Betty B. Borlisch
 (a) Residence, No. Lapeer Co. Mo. St. _____ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED husband of John Borlisch (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18-1892
 7. AGE YEARS 46 MONTHS 11 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Woollam (STATE OR COUNTRY) Mo

13. NAME John Danuser

14. BIRTHPLACE (CITY OR TOWN) Switzerland (STATE OR COUNTRY) _____

15. MAIDEN NAME Tena Steffen

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

17. INFORMANT John Borlisch (ADDRESS) Blount Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bethel Woolam Mo DATE 4-17- 1939

19. FUNERAL DIRECTOR W.F. Gattinstra (ADDRESS) Owensville, Mo

20. FILED 4/18 1939 J. Price Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 - 1939

22. I HEREBY CERTIFY, That I attended deceased from once on 4/12, 1939

I last saw him alive on 4/12, 1939 Death is said

to have occurred on the date stated above, at 2:00 A. M.

The principal cause of death and related causes of importance were as follows:

Cancer - of right
Maxillary bone
45
Unk

Other contributory causes of importance:

fracture of cranial
cavity with involvement
of brain tissue

Name of operation none Date of _____

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Leith I. Barnes, M. D.

(Address) Owensville, Mo

STATEMENT BY LICENSED EMBALMER

I, Winford H H Winter, Licensed Embalmer No. 3838

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Winford H H Winter
Licensed Embalmer No. 3838

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.)