

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Herman
State File No. 9874
Registrar's No. 1308

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1308

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson,
(b) City or town Jackson,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Luke's Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days,
(Specify whether
In this community Unknown,
years, months or days)

3. (a) PRINT FULL NAME Mrs. Margaret Borncamp Herman,
(b) If veteran, name war no.
(c) Social Security No. no.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clemens W. Herman,
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased July 22 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 8 3 ..hr. ..min.

9. Birthplace Minnesota.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife,

11. Industry or business X
12. Name William F. Borncamp,
13. Birthplace Minnesota,
(City, town, or county) (State or foreign country)
14. Maiden name Nellie E. White,
15. Birthplace Iowa.
(City, town, or county) (State or foreign country)

16. (a) Informant Clemens W. Herman,
(b) Address 600 Westover Road, K. C., Mo.

17. (a) Burial (b) Date thereof 3-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.,

19. (a) Mch 25, 1940 (b) M. M. Brown
(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. 600 Westover Road,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no. years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March, day 25th,
year 1940 hour _____ minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____
that I last saw him Autopsy Only alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Mucoid Carcinomatosis Ltr.
Due to Cancer of the Breast 24x
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN _____
Major findings: Of operations _____
Of autopsy Mucoid Carcinomatosis
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) _____
(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)
23. Signature M. M. Brown (or D. or other) _____
Address St. Luke's Hospital Date _____

Dr.

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.....

Dewey J. Jowers Jr......, Registered Apprentice No. 222
working under my personal supervision.

Signed E. M. Pleasant.....

Licensed Embalmer No. 1848.....

P. O. Address K. C. 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, above space should be left blank.