

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 664

Primary Registration District No. 5884

Registrar's No. 7

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Ionia, Washington Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
 (d) Length of stay: In hospital or institution _____
 In this community 61 Year 3 Months 2 Days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward Gustav Bormann 655
 3. (b) If veteran, name war No
 3. (c) Social Security No. _____

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Mrs Maria Harms Bormann
 6. (c) Age of husband or wife if alive No years
 7. Birth date of deceased Feb 11th 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 2
 If less than one day _____ hr. _____ min.

9. Birthplace St Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
 12. Name Carl Heinrich Bormann 9
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Earnest Bormann
 (b) Address Cole Camp Missouri

17. (a) Burial (b) Date thereof May 15 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Cheese Creek

18. (a) Signature of funeral director E. L. Erickhoff
 (b) Address Cole Camp Mo

19. (a) May 15 1940 (b) W. R. Shelby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis
 (c) City or town Ionia Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
 year 1940 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from 4-22-40 to 5-13-40, 1940
 and that death occurred on the date and hour stated above. 1940
 that I last saw him alive on 5-1-, 1940

Immediate cause of death Interstitial Nephritis
 Duration _____

Due to _____

Due to _____

Other conditions 131
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 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) _____
 (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) (e) Means of injury

23. Signature D. S. Reser (M. D. or other) _____
 Address Cole Camp Mo. Date signed 5-14-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8
District File Number 6-4-70
Date Filed

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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Orle Camps Inn

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.