

JAN 17 1941 396

Registration District No.

Primary Registration District No. 5552

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Lovasy  
(c) Name of hospital or institution: at her own home  
(d) Length of stay: In hospital or institution X  
In this community fifty years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Lovasy  
(d) Street No. none needed  
(e) If foreign born, how long in U. S. A. no years.

3. (a) PRINT FULL NAME MARY ELIZABETH BORGMAN

3. (b) If veteran, name war X 3. (c) Social Security No. X

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

6. (b) Name of husband or wife Henry H. Borgman 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Sept 30 1859

8. AGE: Years 81 Months 0 Days 29 If less than one day hr. min.

9. Birthplace Stolpo (Gasconado Co.) Mo

10. Usual occupation Houswife

11. Industry or business XX

MOTHER { 12. Name Frederick Ernest Drowoel  
13. Birthplace Prussia Germany

FATHER { 14. Maiden name Katherine Horstman  
15. Birthplace New Orleans La.

16. (a) Informant Edwin Borgman (Son)  
(b) Address Bavayr Missouri

17. (a) Burial (b) Date thereof Oct. 31. 1940  
(c) Place: burial or cremation Lovasy Comctery

18. (a) Signature of funeral director V. M. Ruppert  
(b) Address Backnor Mo

19. (a) Oct 30-1940 (b) John W. Robertson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 29 1940  
year 1940 hour two minutes 30 M.

21. I hereby certify that I attended the deceased from Oct 28 1940, to Oct 29 1940  
that I last saw her alive on Oct. 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓  
Of autopsy none

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) X  
(b) Date of occurrence X

(c) Where did injury occur? X  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
358 (Specify type of place) While at work? ✓ (e) Means of injury

23. Signature John W. Robertson (M. D. or other) ✓  
Address Backnor Mo. Date Oct. 29, 1940 Signed

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

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**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 \_\_\_\_\_

*V. M. Reppert*

Licensed Embalmer No. \_\_\_\_\_

*2321*

P. O. Address \_\_\_\_\_

*Buckner 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.**