

FIFED JAN 25 1941 50
Registration District No. 1941

Primary Registration District No. 4451

Registrar's No. 1709

1. PLACE OF DEATH:

- (a) County Ripley
(b) City or town Doniphan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 82 yrs. years, months or days 2

3. (a) PRINT FULL NAME JOHN RICHARD BORTH.

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

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

6. (b) Name of husband or wife Mary S. Cartwright 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 6-13-1855
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Merchant

12. Name John F. Borth

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta Vitterhoff

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Borth

- (b) Address Paplar Bluff, Mo.

17. (a) Burial (b) Date thereof 11-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Oak Ridge Cem. local

18. (a) Signature of funeral director E. Jordan

- (b) Address Doniphan, Mo.

19. (a) Nov. 24-1940 (b) C. B. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Ripley
(c) City or town Doniphan
(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 Nov. day 23,
year 1940, hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov. 21,
1940 Nov 23, 1940
that I last saw him alive on Nov. 22 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Due to Lobar Pneumonia 2 days

Due to _____

Other conditions
(Include pregnancy within 3 months of death) 108

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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? U

- While at work? U (Specify type of place)
(e) Means of injury Clifford

23. Signature Clifford (M. D. or other)!

Address _____ Date signed _____

RECEIVED

District Health Officer No. 5,
District File Number.....1412K
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.....

Licensed Embalmer No. 3200

P. O. Address Douglas

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 643681

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 750

Primary Registration District No. 4457

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Repley
(b) City or town Boonville
(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)

- (d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT
FULL NAME

John Richard Barth

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married,
divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if
alive _____ year _____

7. Birth date of deceased _____ (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
85 5 9 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

- MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Hermilla Vittenhoff (City, town, or county) (State or foreign country)
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

- (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) Nov. 24 - 1940 (b) E. B. Johnston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____ (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 Nov day 23
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

- Due to _____

- Due to _____

- Other conditions _____
(Include pregnancy within 3 months of death)

- Major findings: _____
Of operations _____

- 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? _____ (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)
(c) Means of injury _____

23. Signature Clifford Go forth (M. A. or other) _____

- Address _____ Date signed _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

