

Registration District No. 72

Primary Registration District No. 4041

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1
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Boone
 (a) County Centralia
 (b) City or town _____
 (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 1 (Specify whether
 In this community 40 years years, months or days)

3. (a) PRINT FULL NAME Mary Dore Borkin
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Recurgas Borkin
 6. (c) Age of husband or wife if alive 7 years
 7. Birth date of deceased March 7 1849 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>0</u>	<u>18</u>	hr. min.

9. Birthplace New York (City, town, or county) N. Y. (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Patrick Sheehan

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

14. Maiden name Mary

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

16. (a) Informant Mabel Borkin
 (b) Address Centralia, Mo.

17. (a) Burial (b) Date thereof 3/27-1941
 (Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia Mo Cem

18. (a) Signature of funeral director M. J. McManus
 (b) Address Centralia Mo

19. (a) 3/27-1941 (b) F. W. Borden
 (Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 10
 (a) State Mo (b) County Boone
 (c) City or town Centralia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25th day March
 year 1941 hour 7 minute 0 P. M.
 21. I hereby certify that I attended the deceased from Jan.
1938, to Date (3/25), 1941;
 that I last saw her alive on 3/25, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Respiratory Failure

Due to Mitral Stenosis with Regurgitation ?

Due to Rheumatic heart Disease 60 yo.

Other conditions Debility due to age
 (Include pregnancy within 3 months of death)

MAJOR FINDINGS: Of operations _____
 Of autopsy 92 P
 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?
36 (Specify type of place) (e) Means of injury _____

23. Signature E. B. Besterman (M. D. or other) D. O.
 Address Centralia, Mo. Date signed 3/29/41

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

Edmond Seward

Licensed Embalmer No.

2589

P. O. Address -

Centralia 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, fact should be so stated above.