

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11836

State File No. _____

FILED APR 28 1941/50
Registration District No. _____

Primary Registration District No. 5985

Registrar's No. 1746

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Doniphan Twp.
(c) Name of hospital or institution: at home (rural)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community about 50 years
years, months or days

3. (a) PRINT FULL NAME HENRIETTA BORTH

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 married
6. (b) Name of husband or wife Wm Borth 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Jan 16 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business farm

12. Name J. C. Von Fintel
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs L. E. Sperry (daughter)
(b) Address Doniphan, Mo.

17. (a) Burial (b) Date thereof 4-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director J. E. Jordan
(b) Address Doniphan, Mo.

19. (a) 4-7-1941 (b) C. G. Sperry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley
(c) City or town Doniphan Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1941 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-1-40 to 4-1 1941;

that I last saw him alive on 3-14-41 1941 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cerebral Hemorrhage 4-1-41

Due to _____

Other conditions g32
(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) (e) Means of injury _____

23. Signature C. G. Sperry (M. D. or other) D
Address Doniphan, Mo. Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUN 27 1944

RECEIVED

District Health Officer No. 5.

District File Number. 441587

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 Doniphan

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.