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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12352

State File No.

Registration District No. 8145

Primary Registration District No. 6162

Registrar's No. 87

1. PLACE OF DEATH:

(a) County: Vernon.

(b) ~~City or town~~: Washington Township

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No 3. Nevada, Mo 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days.

(Specify whether years, months or days)

In this community —

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Barton 105

(c) City or town: Golden City 3

(If outside city or town limits, write "RURAL")

(d) Street No.: Not known. 01

(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: JoE BORRO

3. (b) If veteran, name war: Not known

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: —

6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: Not known (Month) (Day) (Year)

8. AGE: Years 85 Months ? Days ? If less than one day hr. min.

9. Birthplace: (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business:

FATHER 12. Name: John Baptist Borro

13. Birthplace: (City, town, or county) Mo 0 (State or foreign country)

MOTHER 14. Maiden name: Not known

15. Birthplace: (City, town, or county) not known 9 (State or foreign country)

16. (a) Informant: State Hospital Records.

(b) Address: Nevada, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 16-1941 (Month) (Day) (Year)

(c) Place: burial or cremation: I.O.O.F. Cem. Golden City, Mo

18. (a) Signature of funeral director: E. L. Phillips

(b) Address: Golden City Mo.

19. (a) 3-15-41 (Date received local registrar) (b) Alden V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th year 1941 hour 2 45 minute A. M.

21. I hereby certify that I attended the deceased from 2/27/ 1941, to 3/15/ 1941 that I last saw him alive on 3/15/ 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senile Psychosis	
Due to: 97	
Due to:	
Other conditions: Gen arterio Sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: no

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? 705 (Specify type of place)

While at work? (e) Means of injury

23. Signature: G. S. Waraich (M. D. or other)

Address: State Hospital, Nevada, Mo Date signed 3/15/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-41-629
Date Filed 4-8-41

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 M. E. Pugh

Licensed Embalmer No. 3278

P. O. Address Golden City, 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.