

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 9 1942

Registration District No. 347

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5488

State File No.

6750

Registrar's No.

1. PLACE OF DEATH:

(a) County HENRY  
(b) City or town CLINTON - Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Clinton Rur. / Rural Route #5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether)  
In this community SINCE - 1903  
(years, months or days)

3. (a) PRINT FULL NAME ROSA A BORNUM

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife ARTHUR H. BORNUM 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased APRIL 20 1878  
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 11 If less than one day hr. ✓ min.

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

10. Usual occupation HOUSEKEEPER

11. Industry or business ✓

MOTHER FATHER { 12. Name JAMES BRADEN  
13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)  
14. Maiden name IRENE GUINN  
15. Birthplace Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur H. Bornum  
(b) Address Clinton Mo. R.R. 5

17. (a) Burial (b) Date thereof 2-3-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation APPLETON CITY

18. (a) Signature of funeral director H. L. Damsant

(b) Address Clinton Mo

19. (a) Feb. 2, 1942 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry  
(c) City or town Rural - R.R. 5 - Clinton  
(If outside city or town limits, write "RURAL")  
(d) Street No. Nine miles S.W. Clinton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1  
year 1942 hour 7 minute 0 P. M.

21. I hereby certify that I attended the deceased from Jan, 1940, to Feb 1, 1942,  
that I last saw him alive on 1-25, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary  
Sclerosis & Atherosclerosis Duration 1 day  
Due to Chronic Arteriosclerosis 3 yr  
Sclerosis & Hypertension  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 942

Of autopsy

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? \_\_\_\_\_

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

23. Signature H. D. Wulker (M. D. or other) M.D.  
Address Clinton Mo Date signed 2-2-42

RECEIVED

District Health Officer No. 7,

District File Number 3-42-181

Date Filed 3-4-42

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~~.....

H. A. Vansant....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

H. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton 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.