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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2387

State File No. .....

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Howell

(b) City or town West Plains Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: O Hogan Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution two weeks (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Ark (b) County Fulton 3

(c) City or town Elizabeth 0
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Essie Mae Borden

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

4. Sex F. M. 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May (Month) 7 (Day) 1924 (Year)

8. AGE: Years 18 Months 7 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Elizabeth (City, town, or county) Ark 1 (State or foreign country)

10. Usual occupation Farms girl

11. Industry or business .....

FATHER
12. Name James Borden
13. Birthplace x (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Martha Nimmo
15. Birthplace Fulton Co (City, town, or county) Ark 1 (State or foreign country)

16. (a) Informant Martha Borden
(b) Address Elizabeth Ark

17. (a) Elizabeth (Burial, cremation, or removal) (b) Date thereof Jan. 1 (Month) (Day) 1943 (Year)
(c) Place: burial or cremation Elizabeth

18. (a) Signature of funeral director J B Caldwell
(b) Address Salem Ark

19. (a) Jan 1-43 (Date received local registrar) (b) Vail Harlin (Registrar's signature)

1125

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 29 day 1942
year 1942 hour 12 minutes 30 A.M.

21. I hereby certify that I attended the deceased from December 14, 1942, to December 29, 1942; that I last saw her alive on December 28, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis

Due to Ruptured Appendix

Due to Appendicitis

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

Major findings:
Of operations General Peritonitis
Ruptured Appendix
Of autopsy .....

Duration

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature N O Hogan M.D. (M.D. or other)
Address West Plains, Mo. Date signed 12-30-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 24378
Date Filed 2-5-43

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. .....

P. O. Address .....

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.