No. 2
-5-42
17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1943

Registration District No. 118

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5441

State File No. 10195

Registrar's No. 31

1. PLACE OF DEATH:

(a) County GASCONADE

(b) City or town RURAL Twp THIRD CREEK
(If outside city or town limits, write "RURAL" and name of township)

(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
In this community entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE

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

(d) Street No. THIRD CREEK TOWNSHIP
(If rural, give location)

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

3. (a) PRINT FULL NAME ELIZABETH ANNA BORLISCH

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 SINGLE

6. (b) Name of husband or wife —

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

7. Birth date of deceased JANUARY (Month) 27 (Day) 1943 (Year)

8. AGE: Years 0 Months 1 Days 9 If less than one day hr. min.

9. Birthplace BLAND (City, town, or county) ROUTE MISSOURI (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name WALTER BORLISCH
13. Birthplace WOOLFM (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name ANNA WACHTER
15. Birthplace St. LOUIS (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Walter Borlisch
(b) Address Bland, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-8 1943 (Month) (Day) (Year)
(c) Place: burial or cremation BETHEL CEMETERY BLAND, Mo

18. (a) Signature of funeral director W.F. Gottenstretter
(b) Address Owensville Mo.

19. (a) 3-9-43 (Date received local registrar) (b) Myrtle M. Werkel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 6 year 1943 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from MAR. 1 1943 to MAR 6 1943 that I last saw alive on MAR. 6 1943 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Bronchio-Pneumonia 4x

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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? (Specify type of place)

While at work (e) Means of injury

23. Signature C.A. Bunge (M. D. or ~~other~~)
Address Bland Mo Date signed 3-7-43

281

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Registered Apprentice No. working under my personal supervision.

Signed W. F. Gottenstroeter

Licensed Embalmer No. 1444

P. O. Address Owensville, 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.

S. No. 2B
1—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 101 EV

Registration District No. 118 Primary Registration District No. 5441 Registrar's No. 31

1. PLACE OF DEATH:

(a) County: Gasconade

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

(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 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME: Elizabeth A. Borlisch

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: Jan 27 1943 (Month) (Day) (Year)

8. AGE: Years | Months: 1 | Days | If less than one day: hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia

Due to: not any complications

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 107

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: E A Bunge (M. D.)

Address: Bland Mo. Date signed

SUPPLEMENTARY