

APR 15 1943

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Engel's Assn Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 60 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME WILLIAM FRED BORGMAN

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Kate S. Borgman 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased January 6 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 3 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER, FATHER { 12. Name Franklin Borgman
13. Birthplace unknown 9
(City, town or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ruth Batterton

(b) Address Fort Scott, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 12 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Buckner Mo

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence Mo

19. (a) 3-11-1943 (Date received local registration) (b) James W. Ross (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1101 So Forrest
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 9
year 1943 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from _____ 19____;
Coroner

that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death fracture of the skull
duration of the arch of the neck
Duration _____

Due to Fall down embankment

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 186a
Of operations _____
Of autopsy see above 79

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) accident 1-2-2

(b) Date of occurrence 3/9/43

(c) Where did injury occur? Indep. Mo. Jackson Co.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on railroad right of way
While asleep (Specify type of place) (e) Means of injury _____

23. Signature J.C. Ross (M. D. or other) _____
Address J.C. Ross Date signed 3/10/43

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

NOV 28 1946

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 *Thomas H. Smith*.....

Licensed Embalmer No. *2467*.....

P. O. Address *Indep. 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.