

FILED APR 9 1943 74

Registration District No.

Primary Registration District No. 3052

Registrar's No. 85

1. PLACE OF DEATH: **Pettis**

(a) County.....**Pettis**

(b) City or town.....**Sedalia**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**1606 East Broadway /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....**35 years**  
(Specify whether years, months or days)

In this community.....**35 years**

2. USUAL RESIDENCE OF DECEASED: **Missouri**

(a) State.....**Missouri** (b) County.....**Pettis**

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

(d) Street No.....**1606 East Broadway**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Margaret Borchers Lewis**

3. (b) If veteran, name war.....**none**

3. (c) Social Security No.....**none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **12**  
year **1943** hour **10:45** minute **A.M.**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **John W. Lewis**

6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **February 2, 1891**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **15** January 1943 to **Mar 17** 1943  
that I last saw her alive on **mar-12** 1943  
and that death occurred on the date and hour stated above.

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <b>52</b> | <b>1</b> | <b>10</b> | hr. min.             |

Immediate cause of death: **Microbial Regurgitation**

Due to: **Intestinal Stasis Enlarged Spleen**

Due to:

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Benton County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

Major findings: Of operations.....**926**

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name **John Borchers, Missouri**

13. Birthplace **Benton County, Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Bertha Harms**

15. Birthplace **Benton County, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John W. Lewis (husband)**

(b) Address **1606 E. Broadway, Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **12/15/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

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 **J. B. Seaverly** (M. D. or other)  
Address **Sedalia** Date signed **3/16/43**

18. (a) Signature of funeral director **Ewing Funeral Home**

(b) Address **Sedalia, Missouri**

19. (a) **3/15/43** (b) **Mrs Anna Berge**  
(Date received local registrar) (Registrar's signature)

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

2064

1522

RECEIVED

Health Officer No. 8,

File Number \_\_\_\_\_

Date filed 4-8-43

---

---

**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 A. E. Poon

Licensed Embalmer No. 1407

P. O. Address Sedalia, 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.**