

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39361
Registrar's No. 113

Registration District No. 360

Primary Registration District No. 3076

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Nevada City, Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 wks
(Specify whether 14 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 219 S. Oak
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Georgia De Borges

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

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

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

7. Birth date of deceased Jan. 27, 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 18 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER { 12. Name Montrabelle Green
13. Birthplace Unknown Vermont
(City, town, or county) (State or foreign country)
14. Maiden name Lavonia Gurnsey
15. Birthplace Unknown Vermont
(City, town, or county) (State or foreign country)

16. (a) Informant F. W. Renwick
(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 11-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Marsh Eichinger
(b) Address Nevada, Mo.

19. (a) 11-20-43 (b) Hazel B Bewick
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th year 1943 hour minute 9⁴⁵ P.M.

21. I hereby certify that I attended the deceased from 8-30-43 to 11-15-43
that I last saw him alive on 11-15-43
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to
Due to

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

Major findings:
Of operations

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?

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

23. Signature H. Brantley Davis (M. D. or other)
Address Nevada, Mo Date signed 11-16-43

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

FILED DEC 4 1943

DEC 7 1943

RECEIVED

District Health Officer No. 91

District License No. 11-43-1276

Date Filed 12-3-43

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 *Max E. Eisinger*

Licensed Embalmer No. *2656*

P. O. Address *Nevada, 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.