V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

8
0
0

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

41525

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 31 Primary Registration District No. 5108 Registrar's No. 31

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Cole Camp Rural Williamstownship
(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
In this community 75 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 8

(a) State Missouri (b) County Benton 0

(c) City or town Cole Camp Rural 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Miss Catherine Gesina Borchers

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 0

6. (b) Name of husband or wife

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

7. Birth date of deceased August 20th 1867
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	3	23	hr. min.

9. Birthplace Benton County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Johan Borchers
13. Birthplace ✓ Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Gesina Monsees
15. Birthplace ✓ Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Louis Harms
(b) Address Cole Camp Mo

17. (a) Burial (b) Date thereof Dec 16, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cheese Creek

18. (a) Signature of funeral director E L Eickhoff
(b) Address Cole Camp Mo

19. (a) January 4 1944 (b) Pauline Harms
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month December day 13th
year 1943 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased ~~from~~ On
, 19 , to Dec 13 , 1943
that I last saw her alive on Dec 13 , 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to Paget's Disease of the Breast

Due to

Other conditions
(Include pregnancy within 3 months of death) 50

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Byron L. Duncan Jr (M. D. or other) D.O.
Address Cole Camp, Mo Date signed 12/14/43

1341

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-43-1469
Date Filed 1-7-44

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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.