

No. 2
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-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42603

State File No.

FILED JAN 14 1944

Registration District No. 127

Primary Registration District No. 3028

Registrar's No. 243

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James Alfred Borah

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 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 May 23 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>72</u>	<u>7</u>	<u>7</u>	hr. min.
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9. Birthplace Wayne County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business ---

MOTHER FATHER {

12. Name Valentine C. Borah

13. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Emeline Day

15. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geo. Wood

(b) Address 530 E. Highland, Carthage

17. (a) Burial (b) Date thereof Jan 1, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Mo.

19. (a) Dec. 31 '43 (b) Elizabeth Cooper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper

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

(d) Street No. Carthage Route 1
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30
year 1943 hour 8:35 minute --- P.M.

21. I hereby certify that I attended the deceased from Aug 2
1943 to 12-30 1943
that I last saw him alive on 12-30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, broncho
bilateral Sda

Due to ---

Due to ---

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations 61

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? ---

While at work? --- (Specify type of place) Means of injury ---

23. Signature Russel Smith (M. D. or other) M.D.
Address Carthage, Mo. Date signed 12-31-43

1213

43-12-1032

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 *Emmal Street*

Licensed Embalmer No. *391*

P. O. Address *Caribou*

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.