

REG JUN 30 1945
Registration District No.

Primary Registration District No. 4183

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Pacific
(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) 1
(d) Length of stay: In hospital or institution
In this community 20 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Pacific
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Edward Borg

3. (b) If veteran, name war No 3. (c) Social Security No. 194-05-6518

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Marcella Borg 6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased MAY 25 1903
(Month) (Day) (Year)

8. AGE: Years 42 Months 0 Days 24 If less than one day hr. min.

9. Birthplace Muscota Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Shoerman

11. Industry or business U.S. Shell Co.

12. Name ANTONY Borg

13. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name Ellice White

15. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Marcella Borg
(b) Address Muskogee Mo

17. (a) Burial (b) Date thereof 6/22/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pacific, Mo.

18. (a) Signature of funeral director W. J. ...

(b) Address Pacific, Mo.

19. (a) 6/25/45 (b) Bland C. Pfeiffer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1945 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Apr 2-5
1945 to June 19 19 45

that I last saw h. alive on _____, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death

Angina Pectoris

Due to gub

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____ (c) Means of injury _____

23. Signature W. J. ... (M. D. or other)

Address Pacific, Mo. Date signed 6/20/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

0.726

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 6-29-45

OCT 27 1945

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 Geo L. Shikes
Licensed Embalmer No. 3008
P. O. Address Pacific, 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.