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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23788

State File No.

FILED AUG 9 1945

Registration District No. 17 Primary Registration District No. 3016 Registrar's No. 166

26
5
4

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: 513 Jefferson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 16 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 513 Jefferson 4
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Godfrey Borghardt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Kathryn

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased January (Month) 1 (Day) 1877 (Year)

8. AGE: Years 68 Months 7 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Jamestown (City, town, or county) Mo (State or foreign country)

10. Usual occupation State Power Plant

11. Industry or business Retired

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Geo. F. Borghardt
(b) Address 116 E. Miller J. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-45 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview

18. (a) Signature of funeral director Tanner Service
(b) Address Jefferson J. C. Mo.

19. (a) 7-30-45 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 25
year 45 hour 12:30 PM minute ..... M.

21. I hereby certify that I attended the deceased from 12/12/44, 19..., to 7/25/45, 19...;
that I last saw him alive on 12/12/44, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary heart disease	3-4 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 94a	

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 David Enker M.D. (M. D. or other) 0

Address Jefferson City Mo. Date signed 7/27/45

894 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-8-45

AUG 10 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.....

Licensed Embalmer No. 05641

P. O. Address.....

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.