S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3875

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4853

FILED MAR 23 1946

Registration District No. ____ Primary Registration District No. 5187 Registrar's No. 30

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Rural (Hubble Tap) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gordonville Mo R#2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural (Hubble Tap) (If outside city or town limits, write "RURAL")
(d) Street No. Gordonville Mo R-F-D (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Charles Borchers
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Ramin Borchers 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased June (Month) 9 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
72	7	16	____ hr. ____ min.

9. Birthplace Gordonville Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business ____
FATHER 12. Name Christ Borchers
13. Birthplace Not Known (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Not Known
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Charles Borchers
(b) Address Gordonville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/46 (Month) (Day) (Year)
(c) Place: burial or cremation Pilsit Envy Cemetery
18. (a) Signature of funeral director McCombs & Co.
(b) Address Jackson Mo.
19. (a) 2-28-46 (Date received local registrar) (b) D. G. Seibert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1946 hour 3 minute A M.
21. I hereby certify that I attended the deceased from December 28, 1945, to Feb 11, 1946; that I last saw him alive on Feb 11, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the Rectum	
Due to	
Due to ① Heart Block	
② Coronary Artery Sclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
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? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓
23. Signature Albert M. Estes (M. D. or other) MP
Address Jackson Mo Date signed 2-26-46

(Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 4
District File Number 346-1876
Date Filed 3-12-46

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 B A Meyer

Licensed Embalmer No. 3057

P. O. Address Jackson 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.