S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24464

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 118

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community About 5 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1222 E-4th 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Vernon Borges Milts

3. (b) If veteran, name war World War #1 3. (c) Social Security No. 498-24-5973

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Edna Dolph Milts 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased May (Month) 1 (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	2	24	hr. min.

9. Birthplace Marion (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

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

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

16. (a) Informant Mrs John Milts
(b) Address 1222 East 4th St Maryville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-46 (Month) (Day) (Year)
(c) Place: burial or cremation Miriam

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address Maryville Mo

19. (a) July 27 1946 (Date received local registrar) (b) Bess Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1946 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 1, 46 to July 25, 1946
that I last saw him alive on July 25, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute coronary occlusion	10 min
Due to chronic myocarditis c̄ mitral stenosis +	
Due to hypertension	
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 H. C. Bauman (M. D. or other) M.D.
Address 131 So Main Maryville Date signed 7/27/46

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(Licensed Embalmer's Statement on Reverse Side)

NOV 22 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

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.