

S. No. 2  
DM--8-43  
v. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL RECORDS  
THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED OCT 23 1946**  
STANDARD CERTIFICATE OF DEATH

Dr. James  
33251  
State File No.  
Registrar's No. 802

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield  
(c) Name of hospital or institution St. John Hosp.  
(d) Length of stay: In hospital or institution 2 Weeks  
In this community 42 Years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(d) Street No. 1410 S. Rogers  
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME Clara C. therine Bormann  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 4  
year 1946 hour 9 minute 35 P. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John Bormann  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased July 9 1904

21. I hereby certify that I attended the deceased from Mar 3  
1944 to Oct 4 1946  
that I last saw her alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE: Years 42 Months 2 Days 25  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Oct 4 - 1946  
Carcinoma Primary of right Breast.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Springfield Missouri  
Usual occupation Housewife

Other conditions Metastasis to Ex. Ribs & Bone  
Major findings: Carcinoma grade 4.  
Of operations \_\_\_\_\_  
Of autopsy No autopsy

11. Industry or business \_\_\_\_\_  
12. Name Jasper Thiel  
13. Birthplace Springfield Missouri  
14. Maiden name Catherine Zimmernan  
15. Birthplace Iowa

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant John Bormann  
(b) Address Springfield, Mo.  
17. (a) Burial (b) Date thereof 10/7/46

While at work? \_\_\_\_\_  
(Specify type of place) \_\_\_\_\_  
(c) Means of injury \_\_\_\_\_  
23. Signature Joseph S. Graves (M. D. or other) M.D.  
Address Springfield, Mo Date signed 10-8-46

(c) Place: burial or cremation St. Mary  
18. (a) Signature of funeral director H.H. Lohmeyer  
(b) Address Springfield, Mo.  
19. (a) 10-9-46 (b) W.E. Handley MD

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

111

FEB 10 1959

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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.....

..... Roy H. Mercer Jr. ....., Registered Apprentice No. 380 .....,  
working under my personal supervision.

Signed..... Maltby E Hamilton .....

Licensed Embalmer No. 3808 .....

P. O. Address..... Springfield, 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.**

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