

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED JUN 2 1947 STANDARD CERTIFICATE OF DEATH

16944

State File No.

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 71

1. PLACE OF DEATH:

(a) County COOPER

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

(c) Name of hospital or institution:
ALEX VAN RAVENSWAAY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 WEEKS
(Specify whether years, months or days)

In this community LIFE
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER 27

(c) City or town BOONVILLE 1
(If outside city or town limits, write "RURAL")

(d) Street No. 213 HIGH STREET 2
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) **PRINTED FULL NAME** MRS NELLE COCHRAN BORNHAUSER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 10th
year 1947 hour 3:40 minute P M.

21. I hereby certify that I attended the deceased from 5-9-47
1947 to 5-10-47, 1947

4. Sex FEMALE / 5. Color or race WHITE

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

6. (b) Name of husband or wife F.H. BORNHAUSER

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

7. Birth date of deceased JANUARY 20 - 1890
(Month) (Day) (Year)

That I last saw her alive on 5-10-47, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death heart failure

Due to Thrombosis of mesenteric vessels.

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>3</u>	<u>20</u>	hr. min.

Other conditions colic fistula

Due to

Major findings:
Of operations

Of autopsy 99

9. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

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?

MOTHER FATHER {

12. Name DR. O.W. COCHRAN

13. Birthplace BOONE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name OCTAVIA GUARLES

15. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant VIRGINIA BORNHAUSER

(b) Address COLUMBIA, MO.

17. (a) BURIAL (b) Date thereof 5/12/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE CEMETERY

While at work (Specify type of place) (c) Means of injury

23. Signature Nelle Cochran (M. D. or other)

Address 517 Fourth Street Date signed 5/15/47
Boonville, Mo.

18. (a) Signature of funeral director STEGNER FUNERAL HOME

(b) Address BOONVILLE, MO

19. (a) 5-15-47 (b) [Signature]
(Date received local registrar) (Registrar's signature) 291

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-29-47

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.....

FRED HARRIS

Registered Apprentice No. 476

working under my personal supervision.

Signed.....

James W. Stegner

Licensed Embalmer No. 3780

P. O. Address..... BOONVILLE, 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.