S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 26 1947

Registration District No. 1446

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 28022

Registrar's No. 253

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL", and name of township)
(c) Name of hospital or institution Allen Rest Home 1497 N. Osage 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No. 414 W. Sea 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. ANNA BORLAND CROCKER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Charles Borland
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 7, 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	3	7	hr. min.

9. Birthplace Buchanon County, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER 12. Name C. P. McVey
13. Birthplace unknown 7 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Russell
15. Birthplace unknown 7 (City, town, or county) (State or foreign country)
16. (a) Informant Harry L. Borland
(b) Address 1307 W. Elm Independence, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/17/47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove, Mo.
18. (a) Signature of funeral director Geo. C. Carson Funeral Home
(b) Address Independence, Mo.
19. (a) 8-20-47 (Date received local registrar) (b) [signature] (Registrar's signature) 3542

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 14 year 1947 hour 5:57 minute P M.
21. I hereby certify that I attended the deceased from August 14, 1944, to August 14, 1947; that I last saw her alive on August 14, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
RIGHT LOWER LOBAR PNEUMONIA	3 days
Uremia	
Due to Nephrosclerosis	
Due to Generalized Arteriosclerosis	
Due to Arteriosclerotic Heart Disease with decompensation.	4 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

PHYSICIAN — Underline the cause of 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 Harold V. Woods M.D. (M.D. or other)
Address Independence Mo Date signed Aug. 14 1947

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 R. D. Lisle

Licensed Embalmer No. 4123

P. O. Address Indep. 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.