S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 14 1947

Registration District No. 337

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4497

33430

State File No.

Registrar's No. 97

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

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Clarence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 Mo. (b) County Macon 102
(c) City or town Clarence Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Timothy H. Borron
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M. 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Eliza J. Borron
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Feb. (Month) 23 (Day) 1862 (Year)

8. AGE: Years 85 Months 6 Days 27 If less than one day hr. min.

9. Birthplace Macon Co. Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Archibal Borron 0
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary A. Terrel
15. Birthplace Ill 1
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Eliza Borron
(b) Address Clarence, Mo
17. (a) Burial Clarence (b) Date thereof 9-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Wood Mo
18. (a) Signature of funeral director Stephens & Goodhue
(b) Address Macon Mo.
19. (a) Oct 5-47 (b) Ruth Joyner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20"
year 1947 hour 4 minute 25 M

21. I hereby certify that I attended the deceased from April, 1946, Sept. 20, 1947
that I last saw him alive on Sept. 20, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute uremia	4 days
Due to Senile Debility	—
Due to Pulmonary Congestion	10 days
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) 21
While at work? (e) Means of injury

23. Signature B. L. Edrington (M. D. or other) DO
Address Clarence, Mo. Date signed Sept 22, 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-47-1394
OCT 13 1947
Date Filed

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 C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.