S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 21 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4667

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 Hours (Specify whether
In this community 3 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Albadon 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. ---
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Walter M. Borghardt
3. (b) If veteran, name war World war # 2
3. (c) Social Security No. unknown
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Alberta Borghardt
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased 10 - 23 - 1912 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
35	0	15	hr. min.

9. Birthplace Sheldon (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Student Government
11. Industry or business Plumbers School
FATHER
12. Name Fred W. Borghardt
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name Cora Richardson
15. Birthplace (City, town, or county) Illinois 1 (State or foreign country)
16. (a) Informant Mrs. Alberta Borghardt
(b) Address Sheldon, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-9-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Sheldon, Missouri
18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Mo.
19. (a) 11-8-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8th.
year 1947 hour 9 minute 50 P. M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw h..... alive on ..... 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Shock	
Due to Skull Fracture	
Due to Motor cycle Trauma hit a telegraph pole	
Other conditions (Include pregnancy within 3 months of death) Deputy Coroner	
Major findings: Of operations	
Of autopsy See Above	

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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) Accident 048
(b) Date of occurrence 11-8-47
(c) Where did injury occur? Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hi Way 21 (Specify type of place)
While at work No (e) Means of injury Trauma
23. Signature A. E. Upsher (M. D. or other) M.D.
Address 2800 Main Date signed 11/9/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 22 1947

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 Robert A. Herrmann

Licensed Embalmer No. 3700

P. O. Address 918 Brooklyn

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.