

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1948

Registration District No. 22

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5111

State File No.

Registrar's No. 13

3923

1. PLACE OF DEATH:

(a) County Bellingham
(b) City or town Liberty Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None
(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

3. (a) PRINT FULL NAME

MARY AINSEK BORDERS
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife John Ray 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 5, 1964 (Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 22 hr. mid.

9. Birthplace Indiana (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Anna Long
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Anna W. Long
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Whitehead
(b) Address Adverse, Mo. R. 44

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Clay S. Morgan
(b) Address Adverse, Mo.

19. (a) 2-6-48 (Date received local registrar) (b) Melvin Dan Aubrey (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bellingham
(c) City or town rural (If outside city or town limits, write "RURAL")
(d) Street No. Near Greenbush (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1948 hour 8 minute 10 A.M.
21. I hereby certify that I attended the deceased from 1 to 19 that I last saw him alive on 1/25/48 and that death occurred on the date and hour stated above.

Immediate cause of death cardiac decompensation
Due to Cerebral Hemorrhage
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95
Of autopsy

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?

While at work? (Specify type of place) (c) Means of injury 2

23. Signature John H. H. H. (Regist. D. or other) Address Adverse, Mo. Date signed 2/2/48

(Licensed Embalmer's Statement on Reverse Side)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

Health Officer No. 4
District File Number 248-33
Date Filed 3-10-48

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

Leays S. Morgan Jr., Registered Apprentice No. 430
working under my personal supervision.

Signed

Leays S. Morgan
Licensed Embalmer No. 3361

P. O. Address Advance, 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.