No. 2
5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 26 1948

Registration District No. 11

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11412

Primary Registration District No. 5040

Registrar's No. 38

1. PLACE OF DEATH:

(a) County: Barry

(b) City or town: Exeter
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barry

(c) City or town: rural
(If outside city or town limits, write "RURAL")

(d) Street No.: Purdy Mo.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: John Borushaski

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: W.

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

6. (b) Name of husband or wife: Rosa Borushaski

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

7. Birth date of deceased: Dec (Month) 28 (Day) 1873 (Year)

8. AGE: Years 74 Months 2 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace: Boguszyce (City, town, or county) Poland (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farmer

FATHER
12. Name: Frank Borushaski
13. Birthplace: Lo-K. (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name: Catherine Borushaski
15. Birthplace: Lo K. (City, town, or county) ..... (State or foreign country)

16. (a) Informant: Ed Borushaski
(b) Address: Purdy Mo. R.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Pulaski field Cemetery

18. (a) Signature of funeral director: Wheaton Funeral Home
(b) Address: Wheaton Mo

19. (a) April 3-1948 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1948 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from 11-6, 1947, to 3-19, 1948, that I last saw h..... alive on ....., 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	6 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature: J. D. Baldwin (M. D. or other)
Address: Purdy Mo Date signed: 3-26-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 448-484
Date Filed APR 23 1948

D-18610

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 G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville 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.