

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13131  
1948  
State File No. \_\_\_\_\_  
Registrar's No. 43

Registration District No. \_\_\_\_\_ Primary Registration District No. 5579

1. PLACE OF DEATH:  
(a) County Jasper - Missouri  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: Jasper Co. TB Hospital 0  
(d) Length of stay: 11 months  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Ray  
(c) City or town Newsum  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? No  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Gladys K. Borcharding  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex F 5. Color or race wh 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 16 1912  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 18  
year 1948 hour 9 minute 10 A.M.  
21. I hereby certify that I attended the deceased from Apr 25 1947 to March 18 1948  
that I last saw her alive on March 18 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
36 0 2 hr. min.

Immediate cause of death Pulmonary Tuberculosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Carroll Co Mo 0  
(City, town, or county) (State or foreign country)  
10. Usual occupation Nurse  
11. Industry or business \_\_\_\_\_  
12. Name David Young 6  
13. Birthplace NO DATA Mo 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Willa B. Devore  
15. Birthplace NO DATA Mo 0  
(City, town, or county) (State or foreign country)  
16. (a) Informant Records  
(b) Address \_\_\_\_\_  
17. (a) BURIAL (b) Date thereof 3-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation HARDIN CEMETERY  
18. (a) Signature of funeral director JOHN KNIPSCHILD  
(b) Address HARDIN MISSOURI  
19. (a) MARCH 18 1948 (b) RE [Signature]  
(Data received local registrar) (Registrar's signature)

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) (a) \_\_\_\_\_ (b) Means of injury \_\_\_\_\_  
23. Signature John E. Douglas (M. D. or other) \_\_\_\_\_  
Address Hot Springs Mo Date signed 3/18/48

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

---

---

**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 *me*.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*John W. Knipschild*

Licensed Embalmer No. *2789*.....

P. O. Address *Hardin*.....

**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.**