

Form No. 300
10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19987

State File No. _____

FILED JUL 15 1948

Registration District No. 174

Primary Registration District No. 5644

Registrar's No. 25

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

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Lexington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community most of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Lexington 54
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 0
(If rural, give location)

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

3. (a) PRINT FULL NAME BENJAMIN E. BORNE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 23
year 1948 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from 16 Feb 48
19____, to 25 April 1948
that I last saw him alive on 5 Jan 48 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Name of husband or wife GRACE WITMEYER 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased: 2 (Month) 16 (Day) 1897 (Year)

Immediate cause of death Coronary Arteriosclerosis

Duration _____

8. AGE: Years 51 Months 2 Days 7 If less than one day _____ hr. _____ min.

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

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation FARMER

11. Industry or business _____

12. Name AMOS BORNE

13. Birthplace SWITZERLAND
(City, town, or country) (State or foreign country)

14. Maiden name EDA GRUENPNER

15. Birthplace LEXINGTON MO
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant MRS. BEN. BORNE

(b) Address LEXINGTON, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-1948
(Month) (Day) (Year)

(c) Place: burial or cremation LEXINGTON, MO.

18. (a) Signature of funeral director Forest F. Jempal

(b) Address Lexington, MO

19. (a) 4-24-48 (Data received local registrar) (b) Marion Staebler (Registrar's signature) 156

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)

(e) Means of injury _____

23. Signature John Ward (M. D. or other) _____

Address Lexington, MO Date signed 4-24-48

ward

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-14-48

APR 22 1949

MAR 11 1948

561 335

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 Leo McKean

Licensed Embalmer No. 2983

P. O. Address Lebanon, Tenn

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.