

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 668

Primary Registration District No. 3-03-2-58

Registrar's No. 339330

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis  
(c) City or town Sedalia Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ?  years.

3. (a) PRINT FULL NAME Anna Borgstadt

8. (b) If veteran, name war No (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
7. Birth date of deceased (Month) Feb (Day) 22 (Year) 1851

8. AGE: Years 89 Months 7 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name William Negebrock

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

14. Maiden name Unknown

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Borgstadt

(b) Address Sedalia Mo

17. (a) Burial (b) Date thereof Oct. 18, 1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Mo

18. (a) Signature of funeral director A. Ed. Muench

(b) Address Concordia Mo

19. (a) Oct. 16, 40 (b) Mrs. Harry Sneed (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16 year 1940 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 1, 1940, to Oct 16, 1940, that I last saw her alive on Oct 25, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to arteriosclerosis

Due to stroke

Other conditions myocardium - similar to heart failure (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(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? 906

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature Ch. Muench (M. D. or other) 1

Address Sedalia Mo Date signed Oct 16 1940

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 11-14-40

**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 *W. R. Ewen*

Licensed Embalmer No. *3070*

P. O. Address *Wellington, Md*

**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, above space should be left blank.