

FILED MAR 17 1941

Registration District No. 4-11

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Johns Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 10 days
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town Seneca, Mo. 4
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Lenore Rozella Borthrick

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Henry Clay Borthrick 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 21 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 00 16 hr. min.

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

10. Usual occupation House Wife.

11. Industry or business _____

12. Name Joel Holt
13. Birthplace Anderson County, Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Donham
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Theo. King
(b) Address Seneca, Mo.

17. (a) Burial (b) Date thereof 2-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Seneca, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Seneca, Mo.

19. (a) 2-12-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6
year 1941 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 10-41
to Feb 6-41
and that death occurred on the date and hour stated above.

that I last saw her alive on Feb 6-41
Immediate cause of death: Myocardial infarction
Cholesterol
Due to: Cholesterol
Due to: _____

Other conditions no
(include pregnancy within 3 months of death)

Major findings: none
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? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

372
While at work? no (Specify type of work) (e) Means of injury _____

23. Signature [Signature]
Address [Address] Date signed 2/9/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

19
2
5

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 _____

James Weldon Buzzard, Registered Apprentice No. 239
working under my personal supervision.

Signed B. W. Buzzard

Licensed Embalmer No. 2334

P. O. Address Seneca, 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, above space should be left blank.