

FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH13675
State File No. 1656
Registrar's No.

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Russell City, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Trinity Lutheran Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 days
 (Specify whether
 In this community --
 years, months or days)

8. (a) PRINT FULL NAME JOSIE C. BORGSTADT8. (b) If veteran, name war No 8. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife N. H. Borgstadt 6. (c) Age of husband or wife if alive 65 years7. Birth date of deceased September 1, 1879
(Month) (Day) (Year)8. AGE: Years 61 Months 7 Days 26 If less than one day hr. min.9. Birthplace Concordia Lafayette Co. Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Housework

11. Industry or business

12. Name John Kresse13. Birthplace Lafayette Co. Mo.
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace 9
(City, town, or county) (State or foreign country)16. (a) Informant's own signature N. H. Borgstadt(b) Address Concordia Mo.17. (a) Burial (b) Date thereof Apr 30 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Concordia Mo.18. (a) Signature of funeral director N. F. Deering(b) Address Concordia Mo.19. (a) APR 27 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette
 (c) City or town Concordia
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27-1941
year hour 6:30 minute 0 M.21. I hereby certify that I attended the deceased from April 19, 1941, to April 27, 1941, that I last saw her alive on Apr. 27, 1941, and that death occurred on the date and hour stated above.Immediate cause of death Acute Nephritis - Complete
Suppurative - Chronic Nephritis
Due to Chronic NephritisDue to 121Other conditions (Include pregnancy within 3 months of death) 121Major findings: Of operations 121Of autopsy Yes - Same

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) _____ Means of injury _____

23. Signature Prof. A. R. [unclear] (M. D. or other) _____
Address Professional Bldg Date signed 4.27.41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1-118911

NOV 27 1946

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.....

Licensed Embalmer No.....

P. O. Address.....

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.