S. No. 2
M—5-42
Y. 5-17-39
I X32875

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1943

Registration District No. 343

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3705

Primary Registration District No. 4570 b

Registrar's No.

103
0
0

1. PLACE OF DEATH:
(a) County: Stoddard
(b) City or town: Essex
(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 ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED: 103
(a) State: Missouri (b) County: Stoddard 0
(c) City or town: Essex 0
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Diana Bell Boroughs
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: May (Month) 14 (Day) 1858 (Year)

8. AGE: Years 84 Months 8 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace: Rensselaer (City, town, or county) Indiana / (State or foreign country)
10. Usual occupation: Retired
11. Industry or business .....
FATHER
12. Name: Charles Boroughs
13. Birthplace: Indiana / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Ann Evans
15. Birthplace: Indiana / (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. W. J. Hux
(b) Address: Essex, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/24/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Bloomfield, Mo.
18. (a) Signature of funeral director: Blankenship-Strickland
(b) Address: Dexter, Mo.
19. (a) 1-28-43 (Date received local registrar) (b) Nora Irons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 22 year: 1943 hour: 12 minute: 30 a.M.
21. I hereby certify that I attended the deceased from Jan 11, 1943, to Jan 22, 1943 that I last saw h. alive on Jan 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis
General debility
Due to .....
Due to .....
Other conditions: Fracture Hip
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations: No
Of autopsy: No

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

22. If death was due to external causes, fill in the following:
(a) Accident, ~~suicide or homicide (specify)~~: Fracture Hip 103
(b) Date of occurrence: Jan 11 1943
(c) Where did injury occur? Jan 11 1943 at Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? ..... (e) Means of injury: Fall
23. Signature: Dr. W. J. Hux (M. D. or other)
Address: Essex Mo. Date signed: Jan 28 1943

11 29

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 243-161
Date Filed 2-3-43

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 J. E. Shuttard

Licensed Embalmer No. 3479

P. O. Address Dexter, 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, fact should be so stated above.