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

FILED FEB 8 1944

Registration District No. **3744**

Primary Registration District No. **4040**

Registrar's No. **3**

1. PLACE OF DEATH:

(a) County **Benton**
(b) City or town **Cole Camp**
(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.
In this community, years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Benton**
(c) City or town **Cole Camp Rural**
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Johan Herman Borchers**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs Bertha Borchers** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **September 25th 1878**
(Month) (Day) (Year)

8. AGE: Years **65** Months **3** Days **24** If less than one day hr. min.

9. Birthplace **Benton Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Johan Borchers**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Gesche Adelhied Monsees**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elmer Borchers**
(b) Address **Estherville Iowa**

17. (a) **Burial** (b) Date thereof **Jan 22nd 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Trinity Lutheran**

18. (a) Signature of funeral director **E. L. Bickhoff**
(b) Address **Cole Camp Mo**

19. (a) **FEB 3 1944** (b) **Pauline Harms**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **19th**
year **1944** hour **5** minute **00** P. M.

21. I hereby certify that I attended the deceased from **1-1-1944** to **1-19-1944**
that I last saw him alive on **1-19-1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Prostate**
Duration

Due to

Due to **518**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
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)
(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 **Pauline Harms** (M. D. or other) **MD**
Address **Cole Camp Mo** Date signed **1-30-44**

RECEIVED

District Health Office No. 9,

District File Number

1-44-78

Date Filed

2-7-44

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..... *E. L. Dickhoff*

Licensed Embalmer No. 730

P. O. Address..... Cole Camp 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.