S. No. 2
M—9-4-41
v. 5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1944

Registration District No. 5

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2364

Primary Registration District No. 3010

Registrar's No. 23

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

(b) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: SOUTHEAST MISSOURI HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hr (Specify whether years, months or days)

In this community ABOUT 33 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CAPE GIRARDEAU

(c) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL")

(d) Street No. 1313 Jefferson Ave.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EMMA PAULINE BOREN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HERBERT W. BOREN

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased MAY (Month) 23 (Day) 1880 (Year)

8. AGE: Years 63 Months 7 Days 25 If less than one day hr. min.

9. Birthplace PERRY Co. (City, town, or county) MO. (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER 12. Name ADOLPH PETZOLDT

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

MOTHER 14. Maiden name ALMA ENGERT

15. Birthplace DONT KNOW (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. S. Williams

(b) Address Central City Ky.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 22-1944 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director M. Loehing

(b) Address Cape Girardeau Mo.

19. (a) 1-21-44 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17, year 1944 hour 8 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan 17 1944 to Jan 17 1944 that I last saw him alive on Jan 17 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — Duration

Due to Arterial Hypertension

Due to

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) no

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. Boehling (M. D. or other) MD

Address Cape Girardeau Mo. Date signed 1-18-44

1014 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 244-3399
Date Filed 2-9-44

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 C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.