V. S. No. 2
00M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 2 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12986

Registration District No. 44 Primary Registration District No. 4061 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Braymer
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: [redacted]
(If not in hospital or institution, write street location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 5Mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Ludlow, 29
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no. 0 (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Lizzie Borders
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 widow
6. (b) Name of husband or wife Perry Borders 6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 15th, ~~18~~, 1868 (Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 27 If less than one day hr. min.

9. Birthplace Monroe Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John R. Bryan
13. Birthplace Ludlow (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Julia Parker
15. Birthplace Ludlow (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Chancy Wells
(b) Address Braymer, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-~~25~~ 28-45 (Month) (Day) (Year)
(c) Place: burial or cremation Monroe Center Cem.
18. (a) Signature of funeral director Bernard Mead
(b) Address Braymer, Mo
19. (a) 3/15/40 (Date received local registrar) (b) E A Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1945 hour 10 minute 20p. M.
21. I hereby certify that I attended the deceased from Jany 16, 1945, to Mch 15, 1945; that I last saw her alive on Mch 15, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Colon — Duration not known
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Henry Patterson
Major findings:
Of operations
Of autopsy 2/6 e

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Henry H. Patterson (M. D. or other) 0
Address Braymer Mo Date signed Mch. 16. 1945

1151 (Licensed Embalmer's Statement on Reverse Side)

MAR 14 1945

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 Bernard F. Mead

Licensed Embalmer No. 2801

P. O. Address Raymond, 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.