

Registration District No. \_\_\_\_\_

Primary Registration District No. 6236

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Rural Charette  
(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 72 years

3. (a) PRINT FULL NAME HERMAN BORGMANN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Emelia Borgmann

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased October 18 1874  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>2</u>	<u>19</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name William Borgmann

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

14. Maiden name Malinda Landwehr

15. Birthplace Ferne Osage, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant H.A. Burbann

(b) Address Marthasville Mo

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof Jan. 10, 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation Marthasville, Mo.

18. (a) Signature of funeral director Edmond F. Luptenberg

(b) Address Marthasville, Missouri

19. (a) 1/9/47  
(Date received by registrar)

(b) [Signature]  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109

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

(d) Street No. 4 miles Northeast Marthasville  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 7 day 7  
year 1947 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Dec 28 to Jan 7 1947  
and that I last saw him alive on Jan 6 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death... Acute hypostatic pneumonia 4 days  
Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chr. Nephritis 1 yr.  
(Include pregnancy within 3 months of death)

Major findings: [Signature]

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (b) Means of injury \_\_\_\_\_

23. Signature [Signature] MS  
(M. D. or other)

Address Marthasville Mo Date signed 1-9-47

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
JAN 15 1947  
Data File-4

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 *Belmont F. Lichtenberg*

Licensed Embalmer No. 4318

P. O. Address. Marthasville, 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.