

FILED MAY 16 1947

State File No.

Registration District No. 322

Primary Registration District No. 6087

Registrar's No.

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Rural-Cambridge
(c) Name of hospital or institution One mile West of Sullivan
(d) Length of stay: In hospital or institution 29 years
In this community 29 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline
(c) City or town Rural
(d) Street No. One mile West Sullivan
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Louis Borges Sr

(b) If veteran, name war

(c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frances Borges 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased April 25 1965 (Month) (Day) (Year)

8. AGE: 81 Years 11 Months 28 Days If less than one day hr. min.

9. Birthplace Warren Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Stephen Borges

13. Birthplace Don't know (City, town, or county) (State or foreign country)

14. Maiden name Frances Springer

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Tom Borges Sr

(b) Address Slater Mo

17. (a) Burial (b) Date thereon 4-25-47 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Tom Borges Sr

(b) Address Slater Mo

19. (a) 4/29/1947 (b) Mrs. Earl C. Metz (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1947 hour 12 minute 1 M.

21. I hereby certify that I attended the deceased from January 17 1947 to April 23 1947 that I last saw him alive on April 16 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism
Due to Clavical fracture
Sterna fracture
Tibia fracture
Due to Portal embolism

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident - team and wagon ran away

(b) Date of occurrence January 17 1947

(c) Where did injury occur? Slater Saline Mo (City or town) (County) (State)

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

(e) While at work? Yes (Specify type of place)

(f) Means of injury

23. Signature W. McSweeney (M.D. or other) Address Slater Mo Date signed 4/29/47

Duration

seconds
3 mo
3 mo
3 mo
1 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-15-47

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.....

Licensed Embalmer No. 3143

P. O. Address..... State, Md.

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.