

FILED AUG 11 1948

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 215

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 505 Johnson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: -----

3. (a) PRINT FULL NAME Emma Johanna Borgmeyer

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased: 6 14 83
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 15 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Mast
13. Birthplace Monroe City, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Johanna Stratman
15. Birthplace Quincy Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Anna Mast
(b) Address St Louis, Mo

17. (a) Burial (b) Date thereof July 31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo

19. (a) 8-1-48 (b) Mrs R.E. Palmate
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1948 hour 10:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from July 19
1948 to July 29 1948
that I last saw her alive on July 29 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration _____

Due to Emboli

Due to Post-op. abdominal perineal resection for carcinoma of rectum

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy 46W

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 Sam W. Ball (M. D. or other) _____
Address Ellis Fischel State Cancer Hosp Date signed 7-29-48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 10 1948

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 *Frank D. DeWitt*

Licensed Embalmer No. *3021*

P. O. Address *Moberly, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.