

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8163
Registrar's No. #118

FILED APR 15 1947

Registration District No. 3010

Registrar's No. #118

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU.
 (b) City or town CAPE GIRARDEAU.
 (c) Name of hospital or institution:
1329 No. BOULEVARD
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 In this community 42 YEARS (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County CAPE GIRARDEAU
 (c) City or town CAPE GIRARDEAU
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1329 No. BOULEVARD
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country ✓

3. (a) PRINT FULL NAME ALEXANDER R. BOREN
 3. (b) If veteran, - name war -
 3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
 year 1947 hour 4 minute 9 A. M.
 21. I hereby certify that I attended the deceased from
7-20, 1946, to 4-8, 1947;
 that I last saw him alive on 4-7, 1947;
 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife -
 6. (c) Age of husband or wife if alive - years

Immediate cause of death Myocarditis and arterial hypertension
 Duration 2 yrs

7. Birth date of deceased DEC. - 14 - 1883
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 3 24 hr. min.

Due to -
 Due to -
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: 930
 Of operations -
 Of autopsy -

9. Birthplace APPLETON Mo. n
 (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business CONTRACTOR.

12. Name TAYLOR S. BOREN
 13. Birthplace APPLETON Mo O
 (City, town, or county) (State or foreign country)
 14. Maiden name GAROLINE M. SCHWARTZ
 15. Birthplace APPLETON Mo. O
 (City, town, or county) (State or foreign country)

PHYSICIAN -
 Underline the cause to which death should be charged statistically.

16. (a) Informant MRS. A. R. BOREN
 (b) Address CAPE GIRARDEAU

17. (a) BURIAL (b) Date thereof 4-10-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

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 0

(c) Place: burial or cremation FAIRMOUNT CEM.
 18. (a) Signature of funeral director Walters Und Co
 (b) Address Cape Girardeau Mo
 19. (a) 4-9-1947 (b) C. G. Summers
 (Date received local registrar) (Registrar's signature)

23. Signature R. G. Potts, M.D. (M. D. or other)
 Address Cape Girardeau Mo Date signed 4-8-47

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

64

44

Health Officer No. 4
District File Number 447-524
Date Filed 4-14-47

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

Virgil H. Welch

Licensed Embalmer No.

4102

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.