

FILED APR 20 1942

Registration District No. _____

Primary Registration District No. 5179

Registrar's No. 9

1. PLACE OF DEATH:

(a) County. Cape Girardeau
(b) City or town. Rural
(c) Name of hospital or institution: Jackson Mo R # 4
(d) Length of stay: In hospital or institution. Life
In this community _____ years, months or days

3. (a) PRINT FULL NAME. Emma Borgfield

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

4. Sex. F. 5. Color or race. W 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife. Alvin Borgfield 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. Jan 1 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 3 Days 10 If less than one day hr. min.

9. Birthplace. Jackson Mo R # 4 (City, town, or county) (State or foreign country)

10. Usual occupation. Seamstress

MOTHER FATHER
11. Industry or business _____
12. Name. William Heffman
13. Birthplace. Perry County (City, town, or county) (State or foreign country)
14. Maiden name. Mary Reipe
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature. Mrs Henry Ludwig
(b) Address. Jackson Mo.

17. (a) Burial, cremation, or removal. Burial (b) Date hereof 3/17/42 (Month) (Day) (Year)
(c) Place: burial or cremation. St Johns Episcopal Church

18. (a) Signature of funeral director. W. M. Smith
(b) Address. Jackson Mo.

19. (a) 3/11 (Date received local registrar) (b) J. P. Kuehner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Cape Girardeau
(c) City or town. Rural 016
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2/10 day year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death. Apoplexy

Due to. Sky pertension

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

Major findings: Of operations. 430
Of autopsy _____

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. coroner
23. Signature. Dr. J. Sigmond (M.D. or other) Address. Jackson Mo Date signed 3/11/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39
Rev. 5-17-39
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MAY 15 1948

RECEIVED

District Health Officer No. 4
District File Number 442-517
Date Filed 4-16-42

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 BA Meyer
Licensed Embalmer No. 3051
P. O. Address Jackson 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, above space should be left blank.