No. 2
11-10-39
5-17-39
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FILED JUN 5 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Dr. Dawson 4 pm

State File No. 18172

Registration District No. 198 (Old)

Primary Registration District No. 3011

Registrar's No. 84

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

**1. PLACE OF DEATH:**

(a) County Clay

(b) City or town Excelsior Springs Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Excelsior Springs Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 45 yrs. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Clay

(c) City or town Excelsior Springs Mo (If outside city or town limits write "RURAL")

(d) Street No. Ex Springs Sanitarium (If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

8. (a) PRINT FULL NAME JOHN LEE WINDSOR 552

8. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Jilpha E. Windsor

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

7. Birth date of deceased Oct (Month) 28 (Day) 1879 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 60 | 6 | 24 | hr. min. |

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

10. Usual occupation Retired

11. Industry or business R. R. Road Yards

FATHER
12. Name Thomas F. Windsor
13. Birthplace Ray (City, town, or county) Co Mo (State or foreign country)

MOTHER
14. Maiden name Martha J. Mellon
15. Birthplace Ray Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Jilpha E. Windsor

(b) Address Excelsior Springs Mo

17. (a) Ray Co (Burial, cremation, or removal) (b) Date thereof May 24 (Month) 1940 (Day) (Year)

(c) Place: burial or cremation Slipup Ray Co Mo

18. (a) Signature of funeral director Herbert Hofer

(b) Address Excelsior Springs Mo

19. (a) May 22nd (Date received local registrar) (b) Mrs Rea McCracken (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 21-1940

year hour 4 minute P. M.

21. I hereby certify that I attended the deceased from May 14, 1940 to May 21, 1940 that I last saw him alive on May 21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis

Due to Streptococci infection Unk

Due to

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

Major findings: Of operations No operation (X Ray diagnosis)

Of autopsy Refused

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Lorton Dawson (M. D. ~~or other~~) 1

Address Excelsior Springs Mo Date signed 5-22-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-4-40

**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 Virgil Hope, Registered Apprentice No. ..... working under my personal supervision.

Signed Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs

**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.**