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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25009

Registration District No. 219 — Primary Registration District No. 5301 — Registrar's No.

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Pilot Grove (Rural) (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Palestine Twp - Rural 2 (If not in hospital or institution, write street number or location)

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

In this community 79 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Pilot Grove Rural (If outside city or town limits, write "RURAL")

(d) Street No. East of Pleasant Green, Mo (If rural, give location)

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

3. (a) PRINT FULL NAME EdWARd-BEAUGUARd-WINDSOR

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Kate Ruth Windsor

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June (Month) 19 (Day) 1861 (Year)

8. AGE: Years 79 Months 1 Days 6 If less than one day — hr. — min.

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

10. Usual occupation Farmer

11. Industry or business Same

FATHER
12. Name Henderson Windsor
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Icy Linda Coleman - Virginia
15. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Arlotta V. Lusk

(b) Address Hughesville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Burial Boonville Mo

18. (a) Signature of funeral director P. E. Hays

(b) Address Pilot Grove Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th year 1940 hour 8 minute 55 P.M.

21. I hereby certify that I attended the deceased from July 23, 1940 to July 25th, 1940 that I last saw him alive on July 24th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Uraemic Poisoning — Duration

Due to Chronic Nephritis

Due to

Other conditions Enlarged Prostate (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 W. H. Elliott (M. D. or other)

Address Bunceton Mo Date signed July 26

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-1-40

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~~ .....

..... , ~~Registered Apprentice No.~~ .....,

working under my personal supervision.

Signed Peyton E Hayes

Licensed Embalmer No. 3074

P. O. Address Pilot Grove 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.