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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31805
Registrar's No. 97

Registration District No. 218

Primary Registration District No. 3015

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

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alex. Van Ravenswaay Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks 5 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 1408 Windsor St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Tannie Smith Windsor

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Thos. E. Windsor 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased June 19 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 2 28
hr. min.

9. Birthplace St. Louis Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 0

12. Name Thos. Wiley Smith

13. Birthplace Callaway Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Amanda James Smith

15. Birthplace St. Louis Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Thos. E. Windsor

(b) Address 1408 Windsor St. Columbia Mo.

17. (a) Burial (b) Date thereof 9-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, Columbia Mo.

18. (a) Signature of funeral director Parker Funeral Home

(b) Address Columbia Mo.

19. (a) 9-17-40 (b) W. Cooper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17
year 1940 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 8-29-40, 1940, to 9-17, 1940
that I last saw her alive on 9-17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia
Duration 8-20-40

Due to Unable to get culture (?)

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

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? Yes

While at work? _____ (Specify type of place)
Means of injury _____

23. Signature Hubert J. Walker (M. D. or other) 1
Address Boonville Mo. Date signed 9-17-40

SEP 27 1945

RECEIVED
District Health Officer No. 8,
District File Number 10-9-40
Date Filed

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

M. W. Whitman

Licensed Embalmer No. 3893

P. O. Address *Calumet*

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.