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7-39
X23158

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

JAN 25 1941
Registration District No. 14

Primary Registration District No. 4211

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Windsor
(c) Name of hospital or institution 402 West Colt
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 years (Specify whether)
years, months or days 3

3. (a) PRINT FULL NAME Robert Waldburger
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frances Waldburger
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 17 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 11 18 _____ hr. _____ min.

9. Birthplace Tewfen Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Robert Waldburger

13. Birthplace RobeSwitzerlander
(City, town, or county) (State or foreign country)

14. Maiden name Frances Ringwald

15. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. Waldburger

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 18-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) 12-6-40 (b) J. J. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 402 W. Colt
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 60 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5
year 1940 hour 9:40 a m minute _____ M.

21. I hereby certify that I attended the deceased from Dec 3 1940
_____, 19____, to Dec 5, 1940
that I last saw him alive on Dec 5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration _____

Due to Influenza pneumonia

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? _____

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

23. Signature Heath Windsor (M. D. or other) DO

Address Windsor Mo Date signed 12-6-40

RECEIVED

District Health Officer No. 7,

District File Number 1-41-81

Date Filed 1-10-41

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:

Edell Huston

Licensed Embalmer No.....

3391

P. O. Address.....

Windsor, 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.