

JAN 25 1941

Registration District No. 14

Primary Registration District No. 42011

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Windsor  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 hours  
In this community 28 years (Specify whether years, months or days)

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. 709 W. Benton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Henry Baker Ira

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 486-01-9106

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mae Williams Ira 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased January 30 1885  
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 27  
If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Benton County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Employee, International Shoe Company

11. Industry or business \_\_\_\_\_

12. Name Hollis Ira

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

14. Maiden name Jane Baker

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

16. (a) Informant Mrs. Henry B. Ira

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 12-29-40  
(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) 12-29-40 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27  
year 1940 hour 10:00 a. m. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from December 21, 1940, to December 27, 1940;  
that I last saw him alive on December 27, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Influenza pneumonia  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Cirrhosis of liver, Acute dilatation of heart - Influenza pneumonia

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? \_\_\_\_\_

319 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

33. Signature [Signature] (M. D. or other) MD  
Address Windsor, Mo Date signed 12/28/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11a

DECE 02

RECEIVED

District Health Officer No. 7,

District File Number 1-41-80

Date Filed 1-10-40

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.....

*Edw. M. Huxton*

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42645

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 14

Primary Registration District No. 4211

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME Henry Baker Ira

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 27 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

GENERAL CERTIFICATION

20. DATE OF DEATH Month Dec day 27 year 1940 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 acute dilatation of heart

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Influenza Pneumonia (Include pregnancy within 3 months of death)

Major findings: Labor Pneumonia Of operations \_\_\_\_\_

Of autopsy Cirrhosis of liver

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 Goble W. W. \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address 2115 Main Wenden Mo Date signed 2-19-41

SUPPLEMENTAL REPORT

