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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14687

State File No.

Registration District No. 14

Primary Registration District No. 4211

Registrar's No. 15

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:
211 S. Windsor St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 months (Specify whether years, months or days) 1

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. 211 S. Windsor St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Sarah C. Malone
3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 2 year 1941 hour 4:50 a p minute 0 M.
21. I hereby certify that I attended the deceased from May 20 1941 to May 20 1941 that I last saw her alive on May 20 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wellington Malone 6. (c) Age of husband or wife if alive 8 years
7. Birth date of deceased September 8 1860
(Month) (Day) (Year)

Immediate cause of death:
Larynx Pneumonia
Influenza
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) none

8. AGE: Years Months Days If less than one day
80 7 14 hr. min.
9. Birthplace Pettis County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation at home

MOTHER FATHER { 11. Industry or business
12. Name Job Thompson
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Roy L. Malone
(b) Address Windsor, Missouri
17. (a) Burial (b) Date thereof 5-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brownington, Missouri
Huston-Turner
18. (a) Signature of funeral director Windsor, Missouri
(b) Address
19. (a) May 3-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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? 1
(Specify type of place) 319
While at work (e) Means of injury
21. Signature [Signature] (M. D. or) [Signature]
Address Windsor Date signed 5-3-41

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

14687

RECEIVED

District Health Officer No. 7,

District File Number 5-41-894

Date Filed 5-21-41

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.....

Not Embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed.....

E. M. Hunter

Licensed Embalmer No. 3391

P. O. Address Blindon, 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.