

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 20 1941
STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15524

State File No. _____

Registration District No. 689 Primary Registration District No. 3033 Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Pike
 (b) City or town Lansdown
 (c) Name of hospital or institution: Pike County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 Days (Specify whether years, months or days) _____

3. (a) PRINT FULL NAME Viola Lorene Windmiller
 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 Clarence Windmiller 6. (c) Age of husband or wife if alive 30 years
 7. Birth date of deceased Dec 12 1912
 (Month) (Day) (Year)

8. AGE: Years 28 Months 4 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business Home

MOTHER { 12. Name Charles Parnell
 13. Birthplace Clarksville MO
 (City, town, or county) (State or foreign country)
 14. Maiden name Nellie Creech
 15. Birthplace Clarksville MO
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles Parnell
 (b) Address Clarksville

17. (a) Burial (b) Date thereof 4-21-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. H. Brown
 (b) Address Clarksville

19. (a) Health (b) J. H. Brown
 (Date received local health certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pike
 (c) City or town Clarksville
 (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 41 hour 3 minute 10 a M.
 21. I hereby certify that I attended the deceased from 4/11/41 19____ to 4/19/41 19____
 that I last saw her alive on 4/18/41 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart and heart failure.

Due to Pneumonia, lobar, bilateral
Chronic myocarditis

Due to _____
 Other conditions none
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations none
 Of autopsy none

Duration _____
 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) NONE
 (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 J. H. Brown (M. D. or other) M. D.
 Address Louisiana, Mo. Date signed 4/19/41

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

Rev. 5-17-39 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 5-41-1022

Date Filed MAY 20 1941

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.....

L. A. Brown + W. Scally Brown....., Registered Apprentice No.....
working under my personal supervision.

Signed L. A. Brown.....

Licensed Embalmer No. 2648 + 3995

P. O. Address Clarksville 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.