

Registration District No. 14

Primary Registration District No. 4211

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:
207 S. Main St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 45 years
years, months or days

3. (a) PRINT FULL NAME Mrs. Mamie G. Shadburne

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 Widowed

6. (b) Name of husband or wife R. L. Shadburne 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 14 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	10	25	hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name John Fowler
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

14. Maiden name Fannie via
15. Birthplace unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. E. Ball
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 5-10-41
(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, Mo.

19. (a) 5-10-41 (b) [Signature]
(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. 207 S. Main
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1941 hour 7:00 a m. minute _____ M.

21. I hereby certify that I attended the deceased from April 30 1941 to May 8 1941
that I last saw her alive on May 8 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia Duration 1 day

Due to _____
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? Y
[Signature] (Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature [Signature] (M. D. or other) [Signature]
Address Windsor, Mo. Date signed 5-10-41

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

MOTHER FATHER

109

RECEIVED
District Health Officer No 71
District File Number 6-41-1054
Date filed 6-3-41

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..... *E. Wall, Huston*

Licensed Embalmer No. *3391*

P. O. Address. *Windsor, Md*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

7B
-41
X27852

Registration District No. 14

Primary Registration District No. 4211

Registrar's No. _____

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

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) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINCE FULL NAME Mrs Mamie G. Shadburne

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

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 Months Days If less than one day
77 10 20 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 _____ (State or foreign country)
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month May day 9 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to Bronchial Pneumonia 3 days

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death) 107

Major findings: Of operations _____

Of autopsy _____

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 J.A. Blackmore (M. D. or other) _____
Address Windsor, Mo Date signed 7-23-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

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

MOTHER FATHER

S-17944