

S. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 5 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19530
~~17307~~
State File No.

Registration District No. 73 Primary Registration District No. 5112 Registrar's No. 136

1. PLACE OF DEATH
(a) County Boone
(b) City or town Rural
(c) Name of hospital or institution: Rifson Travel-Columbia, Iowa
(d) Length of stay: In hospital or institution No
In this community 37 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Rural
(d) Street No. Columbia Township
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME THOMAS EVANS WINDSOR
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 19
year 1941 hour Found dead at 6 a.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.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Bessie Smith 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased: Sept 27 1855
(Month) (Day) (Year)

Immediate cause of death Myo. Carditis

8. AGE: Years 85 Months 7 Days 22 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Montgomery City, Mo
10. Usual occupation Retired Farmer

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

11. Industry or business _____
12. Name William Windsor
13. Birthplace Val. 1
14. Maiden name Jan Bryan
15. Birthplace Val 1

Due to _____

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

16. (a) Informant Elmer Windsor
(b) Address Columbia, Mo
17. (a) Burial (b) Date thereof May 20, 41
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Starker's
(b) Address Columbia, Mo
19. (a) 5/20/41 (b) Allie Selby

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Monica Madam
Address Columbia, Mo Date signed _____

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

1000

8688

SEP 25 1945

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.....

Licensed Embalmer No. 4132

P. O. Address. Columbia, 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.