

No. 2
-1-4-41
5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35629

State File No. _____

FILED NOV 19 1941

Registration District No. 622

Primary Registration District No. 4373

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Madaway, Mo

(b) City or town Graham Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community about six months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madaway Mo

(c) City or town Campton Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Chimney Springs
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mary Magdalene Windsor

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23
year 1941 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from 10-28-41
_____ 19____ to 10-23 1941

that I last saw h_____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife William S. Windsor, Decedent

6. (c) Age of husband or wife if alive _____ years
15 (Day) 1875 (Year)

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

Immediate cause of death Myocardial depression

Due to fail to have had asthma several years.

Due to _____

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

Major findings: Of operations 93d

Of autopsy none

8. AGE: Years Months Days If less than one day

65 11 8 hr. _____ min.

9. Birthplace Cross Roads North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Home Maker

11. Industry or business _____

MOTHER FATHER { 12. Name Wiley L. Jarvis

13. Birthplace Cross Roads North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Redman

15. Birthplace Cross Roads North Carolina
(City, town, or county) (State or foreign country)

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

16. (a) Informant J. W. Pierce

(b) Address Graham Mo

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Cold Hill Cemetery

18. (a) Signature of funeral director Wm. J. Farnsworth

(b) Address 957 South Main Marquette Mo

19. (a) J. P. H. (b) W. E. B. B.
(Date received local registrar) (Registrar's signature)

23. Signature E. M. Lindley (M. D. or other) M.D.

Address Graham Mo Date signed 10/24/41

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

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 W. L. Sean Campbell
Licensed Embalmer No. 2620
P. O. Address Manville, Ma

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.