

FILED JAN 13 1943

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2804 Olive Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2804 Olive Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd.
year 1942 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from
Dec 2 1942 to Dec 3 1942
that I last saw him alive on Dec 3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
Duration 18 hrs.

Due to arterio sclerosis

Due to 1

Other conditions (Include pregnancy within 3 months of death) 430

Major findings: Of operations 430

Of autopsy 430

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 H. C. Bauman (M. D. or other)
H. C. Bauman Date signed 12/3/42

3. (a) PRINT FULL NAME John Francis Windish

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Etta Windish 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July 9 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Pawnee Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Machinest

11. Industry or business Railroad

12. Name Fred Windish

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Andrews

15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Etta Windish

(b) Address 2804 Olive St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 12-5-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 13th & Faraon St., St. Joseph, Mo.

19. (a) 12-5-42 (b) Rae Steyer
(Date received local registrar) (Registrar's signature)

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

11
1
7

X32873

RECEIVED
FEB 27 1961

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..... *Geo. E. Daniel*

Licensed Embalmer No. 3300 Missouri.....

P. O. Address..... St. Joseph, Missouri.....

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.