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

34519

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 133-

1. PLACE OF DEATH:

(a) County Cooper.
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days. (Specify whether
In this community 75 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27
(c) City or town Boonville 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 515 E. High St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --- 0

3. (a) PRINT FULL NAME Mrs. Anna Windsor.

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 2

6. (b) Name of husband or wife Horace G. Windsor. 6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased March (Month) 19 (Day) 1865 (Year)

8. AGE: Years 78 Months 6 Days 25 If less than one day ___ hr. ___ min.

9. Birthplace St. Charles Co., Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business At Home.

FATHER
12. Name John W. Cunningham.
13. Birthplace Maryland. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elanor Spencer.
15. Birthplace St. Charles Co., Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Windsor.
(b) Address Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16" /43 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Goodman & Boller
(b) Address Boonville, Mo.

19. (a) Oct 16-43 (Date received local registrar) (b) Dr. Chas. Swap. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14" year 1943 hour 11 minute 30 p.m.

21. I hereby certify that I attended the deceased from June 20, 1943, to Oct 14, 1943; that I last saw her alive on Oct 14, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis of peritoneal cavity	6 mos.
Due to Carcinoma of ovary (?) (Diagnosis was made from	?
Due to aspirated fluid by finding tumor cells on section)	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations tumor cells in ascites fluid 4 90
Of autopsy None

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. ~~or other~~) M.D.
Address Boonville, Mo. Date signed 10/15/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-3-43

DEC 15 1952

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 G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.