

FILED JAN 10 1943

Registration District No. 1058

Primary Registration District No. 3015

Registrar's No. 73

1. PLACE OF DEATH
(a) County Clinton
(b) City or town Cameron
(c) Name of hospital or institution
6th & Godfreys Sts.
(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 Missouri (b) County Clinton
(c) City or town Cameron
(If outside city or town limits, write "RURAL.")
(d) Street No. 6 Godfrey
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary M. Winderks

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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 8 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>9</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Eilert Piepergerdas

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

14. Maiden name Anna Hofers

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

16. (a) Informant Mrs. Henry M. Johnson

(b) Address Cameron, Missouri

17. (a) Burial (b) Date thereof Dec. 5, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove

18. (a) Signature of funeral director F. G. Lyons

(b) Address Stewartsville, Mo

19. (a) Dec. 4, 1943 (b) Mrs. Kathleen Harris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1943 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from Nov 15 1943 to Dec 3 1943
that I last saw her alive on Nov 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration _____

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? _____

While at work? _____ (Specify type of place) (Cause of injury)

23. Signature M. Lyons (M. D. or other) _____

Address Cameron Mo Date signed 12/4/43

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..... *F. G. Lyon*

Licensed Embalmer No. *952*

P. O. Address *Stewartville, 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.