

FILED FEB 9 1944

Registration District No. 172

Primary Registration District No. 5642

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Rural, Middleton Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 Lafayette 54
(c) City or town Rural (Middleton Township) 1
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Elizabeth, Henrietta Windhausen

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 married
6. (b) Name of husband or wife Henry Windhausen 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased April 12 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 0 If less than one day hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name William Ernst Meyer

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Brewe

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Mueller

(b) Address Waverly, Mo.

17. (a) Burial (b) Date thereof 1-14-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem. Worder.

18. (a) Signature of funeral director Alfred N. Bremer

(b) Address Alma, Missouri

19. (a) 1-13-1944 (b) Dr. W. A. Braecklein
(Date received local registrar) (Registrar's signature)

1187 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12,
year 1944 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from 1-4 1944, to 1-12 1944
that I last saw in alive on 1-11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar 8 day
Duration

Due to.....

Due to.....

Other conditions Myocarditis chronic 3
(Include pregnancy within 3 months of death)

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?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
NO

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

23. Signature Geo A. Kelling (M. D. or other) 1

Address Waverly Mo Date signed 1-12-44

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

Health Officer No. 8

2-14-48

SEP 10 1948

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 Alfred N. Bremer

Licensed Embalmer No. 2696.

P. O. Address Alma, 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.