

FILED APR 10 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 137

Primary Registration District No. 4214

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Windsor, Mo.

(c) Name of hospital or institution: Community Rest Home 4
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 3 days
(Specify whether in this community 41 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri (a) State (b) County Johnson 57

(c) City or town Rural-Windsor 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 1

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

If yes, name country _____

3. (a) PRINT FULL NAME Jessie Heck Stiles

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Albert Stiles 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased October 5, 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>5</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Greenridge, Missouri // (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Joseph H. Heck

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

14. Maiden name Ira M. Brown (City, town, or county) (State or foreign country)

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

16. (a) Informant Albert Stiles (b) Address Windsor, Missouri

17. (a) burial (b) Date thereof 3-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McGee Chapel
Huston-Turner

18. (a) Signature of funeral director _____ (b) Address Windsor, Mo.

19. (a) 3-20-46 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th
year 1946 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from 3-11-
1946, to 3-18-
1946, that I last saw her alive on 3-18-46
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 7 days

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) (e) Means of injury _____

23. Signature Joseph Heck (M. D. or other) 200
Address Windsor, Mo. Date signed 3-20-46

120

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

RECEIVED

District Health Officer No. 7,

District File Number 3-46-337

Date Filed 4-9-46

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

E. D. ...

Licensed Embalmer No.

3391

P. O. Address

Windsor, 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.