S. No. 2
9M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16615

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 673

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: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days (Specify whether
In this community 3 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Doniphan
(c) City or town Whitecloud
(If outside city or town limits, write "RURAL")
(d) Street No. Whitecloud
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fred Joseph Windmeyer

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 3 (Day) 1889 (Year)

8. AGE: Years 57 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Saline County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name Fred W. Windmeyer

13. Birthplace Lincoln County (City, town, or county) Missouri (State or foreign country)

14. Maiden name Henrietta Holtman

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

16. (a) Informant Martin Windmeyer
(b) Address Whitecloud, Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/14.47 (Month) (Day) (Year)
(c) Place: burial or cremation Whitecloud, Kansas

18. (a) Signature of funeral director Vedder-Bowman
(b) Address St. Joseph, Mo.

19. (a) 5-26-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1947 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 15, 1947, to May 13, 1947, that I last saw him alive on May 13, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart disease — Duration 5 years

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

23. Signature J. L. Motherhead (M. D. or other)
Address Denton Kans. Date signed 5-16-47

(Licensed Embalmer's Statement on Reverse Side)

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 12th St Joseph, 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.