

No. 2
-12-45
-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20359
Registrar's No. 84

Registration District No. 71 Primary Registration District No. 3012

1. PLACE OF DEATH
(a) County Clay
(b) City or town Excelsior Springs, Mo.
(c) Name of hospital or institution Excelsior Springs Hosp.
(d) Length of stay: In hospital or institution 4 Days
In this community 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clay 24
(c) City or town Excelsior Springs Mo!
(d) Street No. Hanniball City Ave 1
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Ethel G. Windsor
(b) If veteran, name war no
(c) Social Security No. 491-10-9013

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month May day 31
year 1947 hour 11 minute 30 A. M.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband of wife if alive — years
7. Birth date of deceased May 25, 1912

21. I hereby certify that I attended the deceased from May 1946 to May 31, 1947
that I last saw her alive on 31 May, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 35 Months 0 Days 6
If less than one day hr. — min. —

Immediate cause of death Mesenteric Thrombosis with gangrene of ileum
Due to —
Due to —

9. Birthplace Knoxville, Mo.
10. Usual occupation Beauty Shop Operator

Other conditions (Include pregnancy within 3 months of death) 123

MOTHER FATHER

11. Industry or business —
12. Name William M. Windsor
13. Birthplace Ray County, Mo.
14. Maiden name Lena Schuman
15. Birthplace Patterson, Mo.

Major findings: 10 inches of gangrene bowel removed
Of operations —
Of autopsy —

16. (a) Informant William M. Windsor
(b) Address Richmond, Mo.
17. (a) Burial (b) Date thereof 4/2/47
(c) Place: burial or cremation Richmond, Mo.
18. (a) Signature of funeral director —
(b) Address Richmond, Mo.
19. (a) 6/3/47 (b) Barbara Nitcher

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 L.P. Rohrbay (M. D. or other) M.D.
Address Excelsior Springs, Mo. Date signed 5/31/47

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-12-47

SEP 30 1947

FEB 21 1955

SEP 27 1948

DEC 13 1950

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.....

James Trust

Licensed Embalmer No. *4096*

P. O. Address. *Richmond*

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.