

FILED NOV 24 1944

Primary Registration District No. 2000

Registrar's No. 875

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether)
In this community..... (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Washburn
(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.....

3. (a) PRINT FULL NAME

Sally Sue Windes

3. (b) If veteran, name war..... None
3. (c) Social Security No..... None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife..... None
6. (c) Age of husband or wife if alive..... XX years

7. Birth date of deceased..... Feb 6 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
X 0 8 29 hr. min.

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

10. Usual occupation Infant

11. Industry or business.....

MOTHER FATHER

12. Name Mr Grallie B. Windes

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

14. Maiden name Mrs Martha Louise Johnson

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

16. (a) Informant Mr. G. B. Windes

(b) Address Washburn Missouri

17. (a) Burial (b) Date thereof 11-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washburn Prairie

18. (a) Signature of funeral director Body removed by family

(b) Address Was 2649. Mo.

19. (a) 11-4-44 (b) G. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 5
year 1944 hour 12:40 minute P M.

21. I hereby certify that I attended the deceased from 11-4-44 19..... to 11-5-44 19.....

that I last saw h. alive on 11-5-44 19..... and that death occurred on the date and hour stated above.

Immediate cause of death..... Myocardial infarction primary Duration 3

Due to.....

Due to..... 101

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 G. W. Handley (M. D. or other).....
Address Springfield Mo Date signed 11-3-44

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

DEC 27 1945

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

X