

REC'D JAN 20 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

43655

Do not use this space.

1. PLACE OF DEATH

(a) County Lewis
 (b) Township Union
 (c) City La Grange
 (e) Length of residence in city or town where death occurred 79 yrs. 0 mos. 8 ds.

Registration District No. 480
 Primary Registration District No. 4289

Registered No. 24

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John S. Windsor
La Grange, Mo.

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katie Windsor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18th. 1859

7. AGE YEARS 79 MONTHS 0 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) La Grange
 (STATE OR COUNTRY) Missouri

13. NAME James T. Windsor
 14. BIRTHPLACE (CITY OR TOWN) Not known
 (STATE OR COUNTRY)

15. MAIDEN NAME Susan M. Mobly
 16. BIRTHPLACE (CITY OR TOWN) Not Known
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Katie Windsor
 (ADDRESS) La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE La Grange DATE Dec. 27th. 1938

19. FUNERAL DIRECTOR (NAME) A. A. Roberts
 (ADDRESS) La Grange, Mo.

20. FILED: DEC. 27, 1938 W. B. Elley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from JUNE 22, 1939 to DEC. 26, 1938

I last saw him alive on DEC. 25, 1938. Death is said to have occurred on the date stated above, at 2:30 A. M.

The principal cause of death and related causes of importance were as follows:

SEMI-LE DEMENTIA

Date of onset

Other contributory causes of importance: 162

Name of operation _____ Date of _____
 What test confirmed diagnosis? CLINICAL Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) W. B. Elley, M. D.

(Address) La Grange, Mo. 433

RECEIVED

District Health Officer No. 10

District File Number 10-38-871

Date Filed 1-16-39

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, ...

December 26th. 1938

....., or by

Registered Apprentice No., working under my personal supervision

Signed



Licensed Embalmer No. 1626

P. O. Address La Grange, 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, above space should be left blank.