

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1939 APR 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12450

Do not use this space.

1. PLACE OF DEATH

(a) County Saline
(b) Township Arrow Rock
(c) City

Registration District No. 792

Primary Registration District No. 4473

Registered No.

(d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred William Windmeyer

(a) Residence, No. Nelson, Mo. Route 1 St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
83 I 6

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

12. BIRTHPLACE (CITY OR TOWN) Warren County (STATE OR COUNTRY) Missouri

13. NAME Fred William Windmeyer

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Meyer

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT F. W. Windmeyer (ADDRESS) White Cloud, Kans

18. BURIAL, CREMATION, OR REMOVAL PLACE Arrow Rock Cem. DATE March 1939

19. FUNERAL DIRECTOR Campbell-Lewis (ADDRESS) Marshall, Mo.

20. FILED 3-20 19 39 P. L. Lawless Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14 1939

22. I HEREBY CERTIFY That I attended deceased from March 14, 1939, to March 15, 1939
I last saw him alive on March 14, 1939 Death is said to have occurred on the date stated above, at 2-30 m.

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

Pneumonia Date of onset

Other contributory causes of importance:

Name of operation ✓ Date of 1939

What test confirmed diagnosis? Chinical 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?

If so, specify (Signed) A. L. Lawless M. D.

(Address) Marshall Mo. P 4

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/11/39

STATEMENT BY LICENSED EMBALMER

I, R.W. Campbell, Licensed Embalmer No. 3469
hereby certify that the body recorded on the reverse side of this certificate was embalmed by R.W. Campbell
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed R.W. Campbell
Licensed Embalmer No. 3469

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.)