S. No. 2
—11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25291

Registration District No. 14 — Primary Registration District No. 4211 — Registrar's No. 21

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 14 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Windsor
(If outside city or town limits write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

8. (a) PRINT FULL NAME Sarah P Maxwell

8. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Fe
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Albert Maxwell
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Sept (Month) 2 (Day) 1866 (Year)

8. AGE: Years 74 Months 10 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Fairfield (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Albert Maxwell
(b) Address Windsor Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Mo
18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo
19. (a) 8-1-40 (Date received local registrar) (b) T. J. Jennings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1940 hour 23 minute 00 P.M.
21. I hereby certify that I attended the deceased from July 30 1940 to July 31 1940 that I last saw h alive on July 31 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	2
Due to Arterio Sclerosis	1½ yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 9 4 P	
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? 310 (Specify type of place)
While at work (c) Means of injury .....
Signature T. J. Jennings Jr (M. D. or other)
Address Windsor Mo Date signed 8-2-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-40-1194
Date Filed 8-12-40

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 Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton, N

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.