No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31806

Registration District No. 278 — Primary Registration District No. 5307 — Registrar's No. 98

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

1. PLACE OF DEATH:

(a) County Cooper

(b) City ~~or town~~ Clarks Fork Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ——
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —— (Specify whether 2
In this community life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Rural.
(If outside city or town limits write "RURAL")

(d) Street No. Clarks Fork Township. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? —— years.

3. (a) PRINT FULL NAME Richard L. Windsor.

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

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

6. (b) Name of husband or wife Mrs. Cornelia Windsor 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased November (Month) 23" (Day) 1848 (Year)

8. AGE: Years 91 Months 9 Days 25 If less than one day ___ hr. ___ min.

9. Birthplace Boonville, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Loftin Windsor
13. Birthplace Alexandria (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Louisa Smith
15. Birthplace Alexandria (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Gillis Windsor.
(b) Address Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 19" (Month) (Day) 40 (Year)
(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Goodman & Boller
(b) Address Boonville, Mo.

19. (a) 9-19-40 (Date received local registrar) (b) D. C. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17"
year 1940 hour 11. minute 10 A. M.

21. I hereby certify that I attended the deceased from Sept 7, 1940, to Sept 17, 1940
that I last saw him alive on Sept 10, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gangrene of left foot and leg.	7 days.
Due to: Chronic Myocarditis	7 years
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

194 B 19

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) Accident
(b) Date of occurrence Sept 5, 1940
(c) Where did injury occur? ~~Boonville~~ (City or town) Cooper (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In his own home (Specify type of place)
While at work? no (e) Means of injury ~~fort~~ cruised left by striking against rocks

23. Signature J. C. Tincher (M. D. or other) M.D.
Address Boonville Mo Date signed Sept 19 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 10-9-40

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 J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Bozanville, 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.