

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38809**

Registration District No. **14**

Primary Registration District No. **4211**

Registrar's No. **29**

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: **305 E. Jackson**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **52 years** years, months or days)

3. (a) PRINT FULL NAME **Miss Martha Jane Gresham**

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased **March 28 1860**
(Month) (Day) (Year)

8. AGE: Years **80** Months **7** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Woodford County Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Dressmaker (Retired)**

MOTHER FATHER { 11. Industry or business _____

12. Name **George Gresham**

13. Birthplace **Green County Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Boydston**

15. Birthplace **Woodford County Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Rose Gresham**

(b) Address **Windsor, Missouri**

17. (a) **Burial** (b) Date thereof **11-18-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Missouri**

18. (a) Signature of funeral director **Huston-Turner**

(b) Address **Windsor, Missouri**

19. (a) **11-18-40** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**
(c) City or town **Windsor**
(If outside city or town limits, write "RURAL")
(d) Street No. **305 E. Jackson St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **15**
year **1940** hour **11:00** p m minute _____ M.

21. I hereby certify that I attended the deceased from **Nov 11 1940** to **Nov 15 1940**
that I last saw her alive on **Nov 15 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia** Duration **5**

Due to _____

Due to _____

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? **319** (Specify type of place) _____ (e) Means of injury _____

23. Signature **[Signature]** (M. D. or _____)
Address **Windsor, Mo** Date signed **11-15-40**

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

RECEIVED

District Health Officer No. 7.

District File Number 12-40-1789

Date Filed 12-13-40

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.....

Edw. M. Hutton

Licensed Embalmer No.....

3391

P. O. Address.....

Windsor, 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, fact should be so stated above.