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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42810

Registration District No. 400 Primary Registration District No. 55532 Registrar's No. 214

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Jackson County Home for the aged (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs 8 mo (Specify whether years, months or days) In this community 45 yrs 2 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 555 Main St (If rural, give location)

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

3. (a) PRINT FULL NAME John Windsor

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Nov (Month) 26 (Day) 1850 (Year)

8. AGE: Years 90 Months 0 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Brick mason

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant W. F. McCarthy
(b) Address Little Blue Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-24-40 (Month) (Day) (Year)
(c) Place: burial or cremation Kirksville, Missouri

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address 2332 Monitor Place, K. C. Mo.

19. (a) 12-23-40 (Date received local registrar) (b) Lora G. Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 year 1940 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from July 16 - 1940 to DEC. 18 - 1940 that I last saw him alive on DEC. 18 - 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	1 day
Due to Chronic Myo Carditis	?
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Floyd B. Darley (M. D. or other) M.D.
Address 419 W. Walnut St. Date signed 12/20/40

(Licensed Embalmer's Statement on Reverse Side)

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 Blaine E. Weelout

Licensed Embalmer No. 4075

P. O. Address 2332 Monroe Plac

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.