

S. No. 2
4-13-40
5-17-39
PI X23159

WFO WAR 24 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7059

State File No. _____

Registration District No. 14

Primary Registration District No. 4211

Registrar's No. 7

42
02
0

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Windsor

(c) Name of hospital or institution: 300 S. Main
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 40 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Melissa M. Hines

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 Widowed

6. (b) Name of husband or wife Woodford M. Hines 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 17 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	10	29	hr. min.

9. Birthplace Johnson County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name David Thomas Stiles

13. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Geery

15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. M. Wall

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 2-17-41
(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) 2-17-41 (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. 300 S. Main
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 1941 hour 1 minute 00 a M.

21. I hereby certify that I attended the deceased from 9 am
1 - Feb - 16 1941
that I last saw him alive on Feb - 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Heart
Stomach

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

311 (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Windsor Date signed 2/16/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 3-41-564

Date Filed 3-21-41

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..... *E. W. L. Fustow*

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.