2
3-40
-39
K23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28649

Registration District No. 7 — Primary Registration District No. ~~4253~~ 5582 — Registrar's No. 28

AUG 29 1941

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

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Holden Rural Madison Tp
(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
In this community 62 years 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 051
(c) City or town Holden Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 5½ miles N. W. of Holden
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Alma Lee Windsor
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 Married
6. (b) Name of husband or wife John Windsor
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased May (Month) 19 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
62	1	22	hr. min.

9. Birthplace Johnson County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business —
FATHER
12. Name F. M. Dishman
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Luticia Pennington
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant John Windsor
(b) Address Kingsville Mo R.F.D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Wesley Chapel Cemetery
18. (a) Signature of funeral director T. W. Goodman
(b) Address Holden Mo
19. (a) July 15, 1941 (Date received local registrar) (b) Mrs G. V. Redford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1941 hour 2:00 minute 05 P. M.
21. I hereby certify that I attended the deceased from Jan 12, 1937, to July 12, 1941;
that I last saw her alive on July 11, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to
Due to
Other conditions Cerebral thrombosis with paralysis.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy —

Duration

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 Kelly Rawlins (M. D. or other) D
Address Holden Mo Date signed 7/14/41

(Licensed Embalmer's Statement on Reverse Side)

CEIVED
strict Health Officer No. 8,
rict File Number 8-27-41
e Filed

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 Samuel B Popp

Licensed Embalmer No. 4044

P. O. Address Holden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.