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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1942

Registration District No. 184

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3008

State File No. 10417

Registrar's No. 69-

69

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

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scotland 014 1 2

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

(d) Street No. —
(If rural, give location)

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

3. (a) PRINT FULL NAME Belle WINDSOR

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife OK

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased April (Month) 22 (Day) 1878 (Year)

8. AGE: Years 63 Months 10 Days 8 If less than one day ..... hr. ..... min.

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

10. Usual occupation H wf.

11. Industry or business —

FATHER
12. Name Moss Buford
13. Birthplace Edina (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Julia Carder
15. Birthplace Virginia (City, town, or county) 1 (State or foreign country)

16. (a) Informant Hospital Records
(b) Address Fulton, Mo

17. (a) Gorin (Burial, cremation, or removal) (b) Date thereof 3 (Month) 4 (Day) 42 (Year)
(c) Place: burial or cremation Gorin Mo

18. (a) Signature of funeral director Gerth Baskerd
(b) Address Gorin Mo

19. (a) 3-2-42 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

1141

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 2
year 1942 hour 4 minute 02 A M.

21. I hereby certify that I attended the deceased from Jan 30, 1942 to Mar 2, 1942
that I last saw her alive on Mar 1, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral embolism c̄ thrombosis (right)	3 days
Due to: aneurysm, thrombosis of right innominate artery	?
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy as above	

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 John J Blaske MST (M. D. or other)
Address Fulton, Mo Date signed 3/2/42

(Licensed Embalmer's Statement on Reverse Side)

MAR 31 1942

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 Geo V. Barkett

Licensed Embalmer No. 1817

P. O. Address Gorin mo

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

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

No. 2B
8-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10417

Registration District No. 104 Primary Registration District No. 3008 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County: Callaway
(b) City or town: Fulton
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Belle Windesor
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: F
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: Apr (Month) 22 (Day) (Year)
8. AGE: Years 63 Months 10 Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day year hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Aneurysm of Artery	
Due to (Non-syphilitic) probably due to trauma from	
Due to suicidal attempt made 10 yrs ago	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

96

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)
(b) 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: John J. Blasko MD (M. D. or other)
Address: Fulton, Mo. Date signed 5-2-42

S-10417 1942