

FILED JUN 10 1942
Registration District No. 327

Primary Registration District No. 4211

Registrar's No. 113

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:
801 West Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 26 years
years, months or days) (Specify whether

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. 801 West Benton
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Nancy E. Mitchell

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

4. Sex Fe / 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased August 9, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 8 18 ..hr. ..min.

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

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER { 12. Name Henry Slaughter
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Anne A. Asbury
15. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wilbur Roehrs
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 6-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri
Huston-Turner

18. (a) Signature of funeral director Windsor, Missouri
(b) Address.....

19. (a) May 11, 1942 (b) Georgia Hitebery
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1942 hour 6:00 a.m. minute..... M.

21. I hereby certify that I attended the deceased from April 27
1942 to April 27 1942
that I last saw her alive on April 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Duration

Due to Myocardial infarction

Due to.....

Other conditions Arteriosclerosis 92
(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?..... (Specify type of place) (e) Means of injury.....

23. Signature Geo. W. Windsor (M. D. or other) MD
Address Windsor, Mo Date signed 4/27/42

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

43
2
0

RECEIVED

District Health Officer No. 71

District File Number 6-42-5810

Case Filed 6-8-42

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. Hudson

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.