

FILED JUL 13 1942

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 347

Primary Registration District No. 5496

Registrar's No. 1476

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Rural, Windsor, Twsp.  
(c) Name of hospital or institution; Route # 4  
(d) Length of stay: In hospital or institution 21 years  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Rural  
(d) Street No. Route # 4, Windsor  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mrs. Kate Wilson, Hunter

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 / Married

6. (b) Name of husband or wife Chas. Hunter 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased October 6 1885 (Month) (Day) (Year)

8. AGE: Years 56 Months 8 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name B. F. Wilson

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

14. Maiden name Margaret Daley

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

16. (a) Informant Chas. Hunter (b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 6-22-42 (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) June 30, 1942 (b) Georgia Kitchen (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1942 hour 2:30 a m minute M.

21. I hereby certify that I attended the deceased from ... 19... to ... 19...

that I last saw her alive on June 10 and that death occurred on the date and hour stated above.

Immediate cause of death Sudden peccolity coronary thrombosis

Due to ... Due to ...

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a

Of autopsy 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? (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 J. M. D. (M. D. or other) Address Windsor Mo Date signed 6/22/42

1069

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

42  
00

RECEIVED  
District Health Officer No. 7,  
District File Number 7-42-693  
Date Filed 7-7-42,

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. H. Hinton  
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.