S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1942

Registration District No. 34714

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 04211

State File No. 24399

Registrar's No. 162

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

1. PLACE OF DEATH:

(a) County: Henry

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

(c) Name of hospital or institution: 507 East Florence Street (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: 32 years

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.: 507 East Florence Street (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME: Mrs. Florence McLane

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. (b) Name of husband or wife: Finis E. McLane

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

7. Birth date of deceased: May (Month) 5 (Day) 1855 (Year)

8. AGE: Years 87 Months 2 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace: Williamsport (City, town, or county) Indiana (State or foreign country)

10. Usual occupation: at home

11. Industry or business .....

FATHER
12. Name: G. W. Winn
13. Birthplace: unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name: Celesta Ellis
15. Birthplace: unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant: Mrs. Jack Oakes
(b) Address: Windsor, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-10-42 (Month) (Day) (Year)
(c) Place: burial or cremation: McIntyre Chapel Benton County, Mo.

18. (a) Signature of funeral director: Huston-Turner
(b) Address: Windsor, Missouri

19. (a) July 31, 1942 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature) D.R.

10669

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1942 hour 9:00 p m minute

21. I hereby certify that I attended the deceased from July 1st 1942 to July 8 1942 that I last saw her alive on July 8 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral edema

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings: Of operations .....

Of autopsy .....

Duration: 8

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: [illegible] (M. D. or other)

Address: Windsor Mo. Date signed: 7-11-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-42-872
Date Filed 8-7-42

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 Ellen M. Huston

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.