

V. S. No. 2  
 OM-9-4-41  
 Rev. 5-17-39  
 I X29484

25555

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 FILED AUG 17 1942

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 305

Primary Registration District No. 6196

Registrar's No. ....

1. PLACE OF DEATH: Texas  
 (a) County Licking  
 (b) City or town Licking  
 (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 \_\_\_\_\_ years, months or days

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

3. (a) PRINT FULL NAME Margaret C. Windsor  
 3. (b) If veteran. ✓ name war \_\_\_\_\_  
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 10  
 year 1942 hour 12 minute 50A.M.  
 21. I hereby certify that I attended the deceased from June 10, 1942  
 the last saw him alive on June 9, 1942  
 and that death occurred on the date and hour stated above.

4. Sex 71 5. Color or race W  
 6. (b) Name of husband or wife L. Windsor 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: Jun 20 (Month) (Day) (Year)

Immediate cause of death Chronic nephritis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
76 4 20 hr. min.  
 9. Birthplace Roan Co. Tenn (City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
1318

10. Usual occupation House work  
 11. Industry or business William Rodgers  
 12. Name \_\_\_\_\_  
 13. Birthplace Not known (City, town, or county) (State or foreign country)  
 14. Maiden name Julia Stubbs  
 15. Birthplace Not known (City, town, or county) (State or foreign country)

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 L. S. H. ... (M. D. or other)  
 Address Licking Date signed \_\_\_\_\_

16. (a) Informant Beneah N. Roy  
 (b) Address Licking Mo  
 17. (a) Quint (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
 (Burial, cremation, or removal) (Specify type of place)  
 (c) Place: burial or cremation Licking Cen  
 18. (a) Signature of funeral director Smith & Ferguson  
 (b) Address Licking Mo  
 19. (a) 6/24-1942 (b) Margie Wilson  
 (Date received local registrar) (Registrar's signature)

1237

(Licensed Embalmer's Statement on Reverse Side)

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

107  
0  
0

MOTHER FATHER

**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 MI  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Robert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Locking Md

**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.**