

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33823

State File No. _____

Registrar's No. 193

Registration District No. 137

Primary Registration District No. 5520

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Rural Windsor
(c) Name of hospital or institution: Windsor Township
(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

3. (a) PRINT FULL NAME Nellie Mae Oskins

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 7, 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 8 11 hr. min.

9. Birthplace Henry County Mo (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Harry Claud Oskins
13. Birthplace Henry County Mo (City, town, or county) (State or foreign country)
14. Maiden name Clara Mae Oskins
15. Birthplace Henry County Mo (City, town, or county) (State or foreign country)

16. (a) Informant Clara Oskins
(b) Address Calhoun Mo
17. (a) Dr. Olivett (b) Date thereof Oct 18, 1942
(Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dr. Olivett

18. (a) Signature of funeral director J. A. Hanson
(b) Address Calhoun Mo
19. (a) Oct 18, 1942 (b) Georgia Hatcher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Rural Windsor
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1942 hour 406 minute _____ M.

21. I hereby certify that I attended the deceased from 8-19 1942 to 10-16 1942
that I last saw her alive on 8-19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death acute nephritis Duration week
Due to acute atitis media 2 weeks

Due to _____

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

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 Ray B Jordan (M. D. or other) _____
Address Windsor Mo Date signed Nov 4

1067 (Licensed Embalmer's Statement on Reverse Side)

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

42
00
0

RECEIVED

District Health Officer No. 7,

District File Number 11-42-1179

Date Filed 11-6-42

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 myself

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3502

P. O. Address Cathman Ave

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.