

FILED JUL 9 1943

Registration District No. 137

Primary Registration District No. 4218

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: Windsor Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)

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. 607 East Jackson
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Victoria Day

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

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James W. Day 6. (c) Age of husband or wife if alive 16 years
7. Birth date of deceased March 16 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 3 7hr.min.

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

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER { 12. Name James L. Ollison
13. Birthplace unknown Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Marken
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. May Smith
(b) Address East Moline, Illinois

17. (a) Burial (b) Date thereof 6-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Windsor, Missouri

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

19. (a) June 30 1943 (b) Georgia Kitchen
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1943 hour 6:30 p m minute..... M.

21. I hereby certify that I attended the deceased from June 17 1943 to June 23 1943
that I last saw h.e. alive on June 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death myphanta

Due to menia

Due to

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations.....
Of autopsy.....

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. Turner (M. D. or other) Dr.
Address Windsor, Mo. Date signed 6/26/43

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

12
2
0

1064

RECEIVED
District Health Officer No. 7
District File No. 6/43/651
Date Filed 7-8-43

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.....

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.