S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6719

Registration District No. 229 Primary Registration District No. 4343 Registrar's No. 40

1. PLACE OF DEATH:

(a) County Montgomery County
(b) City or town New Florence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town New Florence Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Annie Windsor
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~~ p
6. (b) Name of husband ~~or wife~~ Benjamin Windsor
6. (c) Age of husband ~~or wife~~ if alive 74 years
7. Birth date of deceased Oct (Month) (Day) (Year)

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

9. Birthplace — (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Tom Fitzhue
13. Birthplace — (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name — no
15. Birthplace — (City, town, or county) (State or foreign country)
16. (a) Informant William Starner
(b) Address New Florence
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation New Florence
18. (a) Signature of funeral director [illegible]
(b) Address Montgomery City Mo
19. (a) Jan 11-1944 (Date received local registrar) (b) Mrs Elena Zweifel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1945 hour 11 minute 9 M.
21. I hereby certify that I attended the deceased from 1-12- 1944 to 1-7- 1945; that I last saw her alive on 1-5-45 1945; and that death occurred on the date and hour stated above.

Immediate cause of death coronary embolis — Duration 30 mi.
Due to chronic endocarditis — several years
Due to
Other conditions arteriosclerosis and chronic nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations X
Of autopsy X

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 Dr C. H. Thompson (M. D. or other) DO
Address New Florence, Mo Date signed 1-10-45

1061

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-5-45

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 on the 7 th day of Jan 1945, Registered Apprentice No., working under my personal supervision.

Signed C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.