No. 2
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5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30814

FILED OCT 15 1946

Registration District No. [illegible]

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 2318 Virginia Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 2318 Virginia Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Thomas Logan Windle

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Minnie R. Died Oct 8 1944

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

7. Birth date of deceased Dec (Month) 15 (Day) 1865 (Year)

8. AGE: Years 79 Months 8 Days 28 If less than one day hr. min.

9. Birthplace East St Louis (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired

11. Industry or business Horse and Mule Buyer

FATHER
12. Name George Windle
13. Birthplace (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Dr Frank Windle
(b) Address 2318 Virginia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest Cem Galena Kas

18. (a) Signature of funeral director Thornhill Dillon
(b) Address 305 W. 4th St

19. (a) 9-13-45 (Date received local registrar) (b) Ed Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept day 12
year 1945 hour 3 minute 35 P M.

21. I hereby certify that I attended the deceased from Sept 6, 1945, to Sept 12, 1945
that I last saw him alive on Sept 11, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Asthma, myocardial failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H S Loveland (M. D. or other)

Address Joplin Mo Date signed 9/13/45

1404

(Licensed Embalmer's Statement on Reverse Side)

45-9-779

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 Paul a Thornhill

Licensed Embalmer No. 3590

P. O. Address Joplin 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.