

FILED JAN 25 1946

Registration District No. _____

Primary Registration District No. 4312

Registrar's No. 531

1. PLACE OF DEATH:

(a) County MACON
(b) City or town ETHEL
(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 years, months or days) 51 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County MACON
(c) City or town ETHEL
(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 MISSOURI HERVIA ELLA WINDLE

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

4. Sex 7 M. 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jacob W. Windle 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Oct. 14, 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name J. M. White
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Phoebe Heston
15. Birthplace Va
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lenna P. Rice

(b) Address Ethel Mo
17. (a) Burial (b) Date thereof Jan 19, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ethel Cem
18. (a) Signature of funeral director Jarson J. Emeret

(b) Address Ethel Mo

19. (a) Jan 18 (b) Edward
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
year 1946 hour 9 minute 9 A.M.

21. I hereby certify that I attended the deceased from Jan 15, 1946, to Jan 17, 1946.
That I last saw him alive on Jan 17, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchial Pneumonia
Due to preceded by influenza
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Duration

2 days
9 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____
Of autopsy 331

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. D. Lohr (M. D. or other)
Address Clney Mo Date signed 1-18-46

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

1534

1-46-25

JAN 22 1946

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 E. A. Larson
Licensed Embalmer No. 4037
P. O. Address Bucklin 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.