

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:
Community Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 weeks**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Jennie Mounts Puckett**

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

4. Sex **F** / 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Chas. Puckett** 6. (c) Age of husband or wife if alive **76** years
7. Birth date of deceased **Sept. 20 1865**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 2 16 hr. min.

9. Birthplace **Davis County Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Frances M? Mounts**
13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **America McCracken**
15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Chas. Puckett**
(b) Address **Windsor, Missouri**

17. (a) **Burial** (b) Date thereof **12-9-46**
(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, Mo**

19. (a) **12-20-46** (b) **R. R. Kennedy**
(Date received local registrar) (Registrar's signature)

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. **404 E. Florence**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December 6**
year **1946** hour **5:45 a** M. minute _____

21. I hereby certify that I attended the deceased from **June**
19**46** to **Dec 6** 19**46**
that I last saw her alive on **Dec 6 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Stroke**
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
• Of operations _____
Of autopsy **44P**
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)
(c) Means of injury _____

23. Signature **H. J. ...** (M. D. **1946**)
Address **Windsor** Date signed **12/11/46**

97-72-21
851E-97-11
2 211 200000 111111

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..... *Edwin Huston*
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.