

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34285**  
Registrar's No. **205**

Registration District No. **137** Primary Registration District No. **4218**

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

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:  
**102 E. Jefferson /**  
(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)

In this community **5 years**  (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry** **H2**

(c) City or town **Windsor** **2**  
(If outside city or town limits, write "RURAL")

(d) Street No. **102 E. Jeffersm** **0**  
(If rural, give location)

(e) Citizen of foreign country? **No** **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mrs. Rose Cox Champ**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **George Champ**

6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **October 9 1873**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>73</b>	<b>11</b>	<b>23</b>	hr. _____ min.

9. Birthplace **Breckinridge Missouri 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **John Cox**

13. Birthplace **Unknown Kentucky /**  
(City, town, or county) (State or foreign country)

14. Maiden name **Carrie Parrack**

15. Birthplace **Unknown Illinois /**  
(City, town, or county) (State or foreign country)

16. (a) Informant **George Champ**

(b) Address **Windsor, Missouri**

17. (a) **Burial** (b) Date thereof **10-4-47**  
(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) **10-6-47** (b) **H. R. Remy**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **2**  
year **1947** hour **6** minute **45** **A.** M.

21. I hereby certify that I attended the deceased from **5-1-**  
**1947**, to **10-2** **1947**,  
that I last saw her alive on **7-10** **1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Failure** **7** Duration

Due to **Chronic myocarditis** **4 yrs.**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings:  
Of operations **439**

Of autopsy \_\_\_\_\_

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)

(e) Means of injury \_\_\_\_\_ **0**

23. Signature **Ray S Jordan** (M. D. or other)

Address **Windsor, Mo** Date signed **10-3-47**

Date filed 10-15-37  
9-17-1189  
CLASS NO. 2

**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.....

*William M. Turner*, Registered Apprentice No. *470*  
working under my personal supervision.

Signed *Clara Huston*

Licensed Embalmer No. *3391*

P. O. Address *Windsor, Ma.*

**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.