

S. No. 2  
M-5-43  
5-17-39  
I X36571

FILED NOV 25 1947

Registration District No. **37**

Primary Registration District No. **42/8**

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:  
**302 N. Main**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **95 years** (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry** **42**

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

(d) Street No. **302 N. Main** **0**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Mrs. Catherine Taylor McNeff**

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 **Widowed**

6. (b) Name of husband or wife **Andrew McNeff**

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

7. Birth date of deceased **November 2 1852**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **17**  
year **1947** hour **1** minute **30 a M.**

21. I hereby certify that I attended the deceased from **1946**, 19\_\_\_\_, to **Nov 15**, 19**47**  
that I last saw him alive on **Nov 15**, 19**47**  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<b>95</b>		<b>15</b>	hr. _____ min.

Immediate cause of death **Myocarditis**

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

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

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

10. Usual occupation **At home**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **93E**

MOTHER FATHER

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

12. Name **Richard Taylor**

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

14. Maiden name **Ann Fitzhugh**

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

Of operations \_\_\_\_\_

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

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Paul H. Brame**

(b) Address **Windsor, Missouri**

17. (a) **Burial** (b) Date thereof **11-18-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Missouri**

18. (a) Signature of funeral director **Auston Jurner**

(b) Address **Windsor, Mo.**

19. (a) **11-19-47** (b) **R.R. Resney**  
(Date received local registrar) (Registrar's signature)

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 **Winnell** (M. D. or other) **MD**  
Address **Windsor** Date signed **11/17/47**

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

022

RECEIVED  
DISTRICT HEALTH OFFICER NO. 7,  
District File Number 11-24-47  
Date Filed 10-4-2-1337

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 E. M. Hurston.....

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.