

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4202

State File No. _____

Registration District No. 39

Primary Registration District No. 5186

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Rural Egypt Mill, Mo. RANDOLPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Cape Route # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Cape Rural Route #1
(If rural, give location) NO
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Missouri May Windeknecht

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 M

6. (b) Name of husband or wife Frank Windeknecht 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April 7, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 9 22 hr. min.

9. Birthplace Neelys Landing, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Ben O'Guin

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Emma Watkins
(City, town, or county) (State or foreign country)

15. Birthplace Neelys Landing, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Windeknecht

(b) Address Cape Route #1 Egypt Mills,
Burial (b) Date thereof 1/31/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iona Cemetery

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 2-10-48 (b) C. G. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29th
year 1948 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from Oct
1941 to Jan 29, 1948
that I last saw her alive on Jan 28, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 day
Due to hypertension 5 yrs

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 83A
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. Ruff (M. D. or other) MD
Address Jackack mo Date signed 2-6-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 248-220
Date Recd. 2-16-48

APR 27 1948

MAR 2 1948

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 Howard R. Harmon

Licensed Embalmer No. 4127

P. O. Address. Cape Girardeau, 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.