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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1948

Registration District No. 43

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5144

State File No. 11672

Registrar's No. 151

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Rombauer
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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: 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler 12

(c) City or town: Rombauer 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Andrew Jackson Windle

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Atlha Windle

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: Sept. (Month) 11 (Day) 1866 (Year)

8. AGE: Years 81 Months 7 Days 19 If less than one day hr. min.

9. Birthplace: Illinois (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Unknown 9
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Atlha Windle
(b) Address: Rombauer, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May (Month) 2 (Day) 1948 (Year)
(c) Place: burial or cremation: Rombauer Mo. Cemetery

18. (a) Signature of funeral director: Watkins Funeral Service
(b) Address: Dexter, Missouri

19. (a) 5-4-48 (Date received local registrar) (b) P. Menefee (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1948 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from Mar 1, 1948, to Apr 28, 1948, that I last saw him alive on Apr 28, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Senile Debility — Cardio-vascular renal disease.

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:

Of autopsy: NO

Duration

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? (Specify type of place)

While at work (e) Means of injury

29. Signature: B. S. Kell (M.D. or other)

Address: Gideon, Mo. Date signed April 30/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 548-593
Date Filed 5-10-48

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 Lyman W Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.