

FILED AUG 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

22778

Registration District No. 118

Primary Registration District No. 5439

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town "Rural" Canaan Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 mile northwest of Owensville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT

FULL NAME Wheeler Booker Windsor

3. (b) If veteran,

name war _____

3. (c) Social Security

No. 703-01-1454

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Lee Agee Windsor
6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased February 23 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>5</u>	<u>8</u>	hr. _____ min.

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

10. Usual occupation Engineer

11. Industry or business _____

12. Name Edward Windsor

13. Birthplace New Florence Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mollie Jane Windsor

15. Birthplace Montgomery County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ronald Windsor(b) Address Moberly, Missouri

17. (a) Burial (b) Date thereof 8-2-'48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland, Cemetery18. (a) Signature of funeral director Walter H. Winter(b) Address Owensville, Mo.

19. (a) Aug 6, 1948 (b) Dorothy Hackman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1948 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 31, 1948, to July 31, 1948;

that I last saw him alive on July 31, 1948;

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral HemorrhageDue to AutomobileAccident

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Automobile(b) Date of occurrence 7-31-48(c) Where did injury occur? Gasconade, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Highway #19 North of OwensvilleWhile at work? No (Specify type of place) (c) Means of injury —23. Signature Paul H. Brown (M. D. or other) MDAddress Owensville, Mo. Date signed 7-31-48

(Licensed Embalmer) (Statement on Reverse Side)

Run off Roadman

RECEIVED
District Health Officer No. 9,
District File Number
AUG 10 1948
Date Filed

APR 3 1953

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed Miford H. H. Winter
Licensed Embalmer No. 3838
P. O. Address Owensville 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.