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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32205**

FILED NOV 6 1948

Registration District No. **707**

Primary Registration District No. **3008**

Registrar's No. **309**

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

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution:  
State Hospital No 1 Fulton 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year  
(Specify whether years, months or days)

In this community About 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery

(c) City or town Mongomery City  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Harriett Windsor

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24  
year 1948 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from One day  
Oct 23 1948 to Oct 24 1948;  
that I last saw her alive on Oct. 23, 1948  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Black

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 4, 1868  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Myocarditis

Due to arte rio sclerosis

Due to Senile psychosis

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

Major findings: Of operations \_\_\_\_\_

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

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

8. AGE: Years Months Days If less than one day

80	8	20	hr. min.
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9. Birthplace Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

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

12. Name John Yancey

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

14. Maiden name Adeline Clark

15. Birthplace MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mamye Norton

(b) Address Montgomery City, Mo

17. (a) Burial (b) Date thereof 10-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Abantwayney City MO

18. (a) Signature of funeral director C. W. Sappiers

(b) Address Abantwayney City MO

19. (a) 10-23-1948 (b) Jane M. [Signature]  
(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 \_\_\_\_\_

Signature J. C. Caldwell (M. D. or other) \_\_\_\_\_

Address Fulton Date signed 10-24-48

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed NOV 5 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 me & the 2  
men of Oct 1945 ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed [Signature]  
Licensed Embalmer No. 1457  
P. O. Address Montgomery City, Pa

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.