S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1949

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39505

Registration District No. 77 Primary Registration District No. 3008 Registrar's No. 373

1. PLACE OF DEATH:

(a) County Calloway

(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 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 4 mo 10 day (Specify whether years, months or days)

In this community sam

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper 27

(c) City or town Bunceton (If outside city or town limits, write "RURAL")

(d) Street No. 1 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME RUTH WINDSOR

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex f 1

5. Color or race w

6. (a) Single, widowed, married, divorced 2 widow

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 21 (Day) 1873 (Year)

8. AGE: Years 75 Months 9 Days 4 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Daniel Davis 0
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ruth Mason 4
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp No 1

(b) Address Fulton Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-1-1949 (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cemetery Boonville, Mo.

18. (a) Signature of funeral director Goodman & Boller

(b) Address Boonville Mo

19. (a) 1-1-1949 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 31 year 1948 hour 2 minute 43 A.M.

21. I hereby certify that I attended the deceased from Dec 1, 1948, to Dec 31, 1948 that I last saw her alive on Dec 30, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic cardiac arteriosclerosis

Due to Senile deteriation

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 97

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) 0

While at work? (e) Means of injury

23. Signature M J Wilder (M. D. or other)

Address Fulton, Mo Date signed 31-1948

(Licensed Embalmer's Statement on Reverse Side)

REGISTERED
District Health Officer No. 9,
District File Number JAN 10 1949
Date Filed

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

Signed William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, 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.