

Registration District No. **DE 27 35**

Primary Registration District No. **4211**

Registrar's No. **25**

1. PLACE OF DEATH:
 (a) County **Henry**
 (b) City or town **Windsor**
 (c) Name of hospital or institution:
104 S. Commercial St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 weeks**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Henry**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **R F. D. Windsor, Mo**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **George Kadwell**
 (b) If veteran, name war _____ (c) Social Security No. **340**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **November** day **25**
 year **1939** hour **3:30** a **m** minute _____ M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Maryn Frances Robinson** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **August 12** **1852**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **November 6**, 1939, to **November 24**, 1939;
 that I last saw him alive on **November 24**, 1939;
 and that death occurred on the date and hour stated above.

8. AGE: Years **87** Months **3** Days **13** If less than one day _____ hr. _____ min.

Immediate cause of death **Nephritis**
 Due to **Exposure to Cold.**

9. Birthplace: **unknown** **unknown**
 (City, town, or county) (State or foreign country)

Due to _____
 Other conditions (Include pregnancy within 3 months of death) **121**

10. Usual occupation **Farmer**
 11. Industry or business **Farmer**
 12. Name **unknown**
 13. Birthplace **unknown**
 (City, town, or county) (State or foreign country)
 14. Maiden name **unknown**
 15. Birthplace **unknown**
 (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____

16. (a) Informant's own signature **J. Scrimager**
 (b) Address **Windsor, Missouri**
 17. (a) **Burial** (b) Date thereof **Nov. 26 39**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Hickory Grove Cemetery**
Henry County, Mo.
 18. (a) Signature of funeral director **Huston-Turner**
 (b) Address **Windsor, Mo 310**
 19. (a) **11/26-39** (b) _____
 (Date received local registrar) (Registrar's signature)

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 **J. O. Ballou** (M. D. or other) **1**
 Address **Ballou, Mo** Date signed **2/28**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

Director Health Officer No. 7,

District No. 12-39-1722

Date Filed 12-13-37

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 E. M. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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, above space should be left blank.