

6747

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 4211

Primary Registration District No. 4211

Registrar's No. U

1. PLACE OF DEATH: Henry

(a) County Windsor

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

(c) Name of hospital or institution: N. Main 2
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. N. Main
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Mattie C. Jockers 262

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

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

6. (b) Name of husband or wife W.H. Jockers 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 29, 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>0</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name John Charles 9

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

14. Maiden name Mary Nowell

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

16. (a) Informant's own signature Will Jockers

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 2-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) Feb 17-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 12th, year 1940 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 12-19-39, 19____, to Feb 3, 1940; that I last saw her alive on Feb 3, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cancer of Stomach
Due to cause unknown

Due to _____
Other conditions _____
(Include pregnancy within 5 months of death)

Major findings: none done

Of autopsy none performed

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

(a) Accident, suicide, or homicide (specify) no

(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) (Means of injury)

Signature Ray B Jordan (M. D. or other) _____

Address Windsor Mo Date signed 2-17-40

PHYSICIAN
Underline the cause to which death should be charged statistically

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

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.

Rev. 5-17-39
Form 1 X1931

RECEIVED

District Health Officer No. 7^d

Case No. Number 3-40-428

Date Filed 3-11-40

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. Houston

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.