

Registration District No. 14

Primary Registration District No. 5496

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Rural, Windsor Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 36 years
years, months or days

3. (a) PRINT FULL NAME Mrs. Mary Ann White Janes

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 Charles Henry Janes 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 11 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>10</u>	<u>28</u>	_____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name William White 9
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9
15. Birthplace Unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Walter Janes

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof Jan. 10-1940
(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) Jan 11 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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. # 4
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8
year 1940 hour 11:45 p. minute _____ M.

21. I hereby certify that I attended the deceased from Dec. 27, 1939, to Jan. 8, 1940

that I last saw her alive on Jan. 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Bowels 1 yr.
Duration

Due to _____

Due to Hb

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

Of autopsy None

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 L.A. Blackmore (M. D. or other) _____

Address Windsor, Mo. Date signed 1-11-40

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.

MARGIN RESERVED FOR BINDING

RECEIVED

District Health Officer No. 7,

District File Number

2-40-312

Date Filed

2-16-40

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

Edell Houston

Licensed Embalmer No.....

3391

P. O. Address.....

Windsor, Md.

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.