

Registration District No. 4211

Primary Registration District No. 4211

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20
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Windsor
(c) Name of hospital or institution 605 S. Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 years
In this community 17 years
years, months or days

3. (a) PRINT FULL NAME Mrs. Gussie May Hartle
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 Married
6. (b) Name of husband or wife C. C. Hartle 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 27, 1871
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation at Home

11. Industry or business _____

12. Name L. D. Cannon

13. Birthplace Henry County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Laura Reavis

15. Birthplace Henry County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant C. C. Hartle
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 1-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Mo.

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor Missouri

19. (a) 1-25-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 605 S. Main
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23
year 1941 hour 6:35 a.m. _____ M.

21. I hereby certify that I attended the deceased from 1940
to Jan 23 1941
that I last saw her alive on Jan 23 1941
and that death occurred on the day and hour stated above.

Immediate cause of death Pulmonary Pneumonia

Due to _____
Due to _____

Other conditions Pneumonia, Acute gran.
tuberculosis.

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

3/9 (Specify type of place) _____
While at work? _____ (e) Means of injury _____
Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 1-25-41

RECEIVED

District Health Officer No. ~~7~~

District File Number 3-41-433-

Date Filed 3-6-41

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.....

Edwell H. Huxton

Licensed Embalmer No. 3391

P. O. Address Union 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.