

2
3-40
-39
23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31627**

FILLED OCT 16 1941

Registration District No. **14**

Primary Registration District No. **4211**

Registrar's No. **24**

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Windsor
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 9 years
 years, months or days)

3. (a) PRINT FULL NAME Rosilla MEANS
 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 maried
 6. (b) Name of husband or wife Arthur B Means 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 10 17 1881
 (Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Benton Co O
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name W. H. Sapp
 13. Birthplace Benton Co Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Betty Berripleton
 15. Birthplace Benton Co Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Arthur B Means

(b) Address Windsor, Mo

17. (a) Landal Oak (b) Date thereof Oct 2 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor Mo

18. (e) Signature of funeral director Shed Wilkison

(b) Address Shelton

19. (a) Oct 1-11 (b) _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Henry
 (c) City or town Windsor
 (If outside city or town limits, write "RURAL")
 (d) Street No. 201 West
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 30
 year 1941 hour 6:45 minute _____ M.

21. I hereby certify that I attended the deceased from Jan. 19, 1941, to Sept 30, 1941;
 that I last saw her alive on Aug. 12, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease
 Duration 10 yrs

Due to _____
 Due to _____

Other conditions Chronic nephritis
 (Include pregnancy within 3 months of death) 4 yrs

PHYSICIAN
 Major findings:
 Of operations none
 Of autopsy none 1218
 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. C. Blackmore (M. D. or other) _____
 Address Windsor, Mo. Date signed 10-1-41

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

RECEIVED

District Health Officer No. 7,

District File Number 10-41-1768

Date Filed 10-13-41

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.....

Licensed Embalmer No. 2478

P. O. Address Clinton 7

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.