

No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35077

FILLED NOV 18 1941

Registration District No. 14

Primary Registration District No. 4311

Registrar's No. 25

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: 207 N. Commercial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community 4 years

2. USUAL RESIDENCE OF DECEASED: 042

(a) State Missouri (b) County Henry 2

(c) City or town Windsor 0
(If outside city or town limits, write "RURAL")

(d) Street No. 207 N. Commercial
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs. Thurrissa Fromy Lions Faler

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 John W. Faler 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 22 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>9</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

12. Name John L. Berry

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

14. Maiden name Mirandy Scott

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

16. (a) Informant Willie Faler

(b) Address Leeton, Missouri

17. (a) Burial (b) Date thereof 10-13-41
(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) 10-13-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12
year 1941 hour 6:30 a.m. minute _____ M.

21. I hereby certify that I attended the deceased from 1939
_____ 19____, Oct. 5 1941
that I last saw her alive on _____ 1941
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to _____

Due to _____

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

Major findings: _____
Of operations 932

Of autopsy _____

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?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Windsor, MO Date signed 10-16-41

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

MOTHER FATHER

217 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7;

District File Number 11-41-1908

Date Filed 11-14-41

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.....

Ella M. Kustan

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, fact should be so stated above.