

S. No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6758

State File No. _____

FILED MAR 9 1942
347

Registration District No. _____ Primary Registration District No. 4211

Registrar's No. _____

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: 108 Chisman St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 42
(a) State Missouri (b) County Henry
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 108 Chisman St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 52 Years years.

3. (a) PRINT FULL NAME Mrs. Clara Gimler

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 23
year 1942 hour 10:30 p. m. minute _____ M.

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

21. I hereby certify that I attended the deceased from Feb 23 to Feb 23, 1942
that I last saw her alive on Feb 23 and that death occurred on the date and hour stated above.

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

Immediate cause of death Carcinoma of Breast
Duration _____

6. (b) Name of husband or wife O. C. Gimler 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased August 13 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 6 10 hr. 1 min.

Due to _____
Due to _____

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

Other conditions (include pregnancy within 3 months of death) 50

10. Usual occupation at home

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Alexander Gimler
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

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

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? _____

17. (a) Burial (b) Date thereof 2-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Windsor, Missouri

While at work? _____ (Specify type of place) (e) Means of injury 1)

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

23. Signature [Signature] (M. D. _____)
Address Windsor, Mo. Date signed Feb 26

19. (a) Feb. 27, 1942 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature) 98

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 3-42-166

Date Filed 3-8-42

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 Huxton.....

Licensed Embalmer No. 3391.....

P. O. Address Windsor, Me......

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.