

FILED APR 10 1942

Registration District No. 347

Primary Registration District No. 4211

Registrar's No. 379

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 2 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 042
(c) City or town Windsor
(If outside city or town limits, write "RURAL.")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country h

3. (a) PRINT FULL NAME Thomas W. Elgin

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

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 1 1885
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 25 If less than one day hr. min.

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

10. Usual occupation Coal Mining & Farming

11. Industry or business

12. Name Alfonso Elgin

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

14. Maiden name Martha J. Hart

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

16. (a) Informant Mrs. Alfonso Elgin

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 3-28-42
(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) March 30, 1942 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1942 hour 5:40 p m minute M.

21. I hereby certify that I attended the deceased from March 3, 1942, to March 26, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease Duration 4 mo.

Due to Influenza

Due to

Other conditions 330
(Include pregnancy within 3 months of death)

Major findings: Of operations none

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature J.A. Blackmore (M. D. or other) M.D.
Address Windsor Date signed 3-28-42

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

12
1
2

LP

1069

RECEIVED

District Health Officer No. 7,

District File Number 4-42-321

Date Filed 4-3-42

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.....

Edith 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.