

FILED MAY 13 1942
Registration District No. 397/14

Primary Registration District No. 4211

Registrar's No. 98

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Windsor Town
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 600 West Benton /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 Years
(Specify whether years, months or days)

3. (a) PRINT FULLNAME Leon Courty

3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-12-9339

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

6. (b) Name of husband or wife Victoria Ledent Courty 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August 7, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>8</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Auchelle 5 France
(City, town, or county) (State or foreign country)

10. Usual occupation Coal miner (Retired)

11. Industry or business _____

12. Name Louis Courty

13. Birthplace Auchelle, France 5
(City, town, or county) (State or foreign country)

14. Maiden name Leona Carrier

15. Birthplace Auchelle, France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Courty

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 4-12-42
(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) April 15, 1942 (b) Georgia Kitchen
(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. 600 West Benton
(If rural, give location)

(e) If foreign born; how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1942 hour 10:10 p m minute _____ M.

21. I hereby certify that I attended the deceased from Apr-1-1940 19____ to Apr-10- 1942
that I last saw him alive on Apr-10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death cancer of thyroid

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 55c

Major findings: Of operations _____
Of autopsy _____

Duration _____
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) (e) Means of injury 7

23. Signature H. M. M. M. (M.D. or other) _____

Address Windsor Date signed 4-14-42

RECEIVED

District Health Officer No: 71

District File Number: 5-42-457

Date Filed: 5-6-42

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.....

Edw. M. Houston

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.