

Registration District No. **347**

Primary Registration District No. **4211**

State File No. \_\_\_\_\_

Registrar's No. **126**

1. PLACE OF DEATH: **Henry**  
 (a) County: **Windsor**  
 (b) City or town: \_\_\_\_\_  
 (c) Name of hospital or institution: **306 W. Benton**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: **57 years**  
 In this community: \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: **Missouri** (b) County: **Henry**  
 (c) City or town: **Windsor**  
 (d) Street No.: **306 W. Benton**  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: **Mary Catherine Elbert**  
 3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No.: \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **May** day **29th** - **1942**  
 hour **6:45** minute **P.** M.

4. Sex: **Female** 5. Color: **white** 6. (a) Single, widowed, married, divorced, **single**  
 7. Birth date of deceased: **March 6, 1885**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 1941** to **May 28 1942**  
 that I last saw **him** alive on **May 28 1942**  
 and that death occurred on the date and hour stated above.

8. AGE: Years **77** Months **2** Days **23**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: **Myocardial infarction**  
 Due to: **High blood pressure and myocardial infarction.**  
 Due to: **myocardial infarction.**

9. Birthplace: **Calhoun, Missouri**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation: **at home**

Other conditions: \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

11. Industry or business: \_\_\_\_\_  
 12. Name: **Lodman Elbert**  
 13. Birthplace: **Kentucky**  
 14. Maiden name: **Mary Sarlee**  
 15. Birthplace: **Missouri**

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

16. (a) Informant: **Mrs Mary Thompson**  
 (b) Address: **Windsor, Mo.**  
 17. (a) **Burial** (b) Date thereof: **May 31, '42**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

18. (a) Signature of funeral director: **Huston-Turner**  
 (b) Address: **Windsor, Mo.**  
 19. (a) **May 30, 1942** (b) **Georgia R. Kitchener**  
 (Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: \_\_\_\_\_  
 23. Signature: **W. J. ...** (M. D. or D. O.)  
 Address: **Windsor, Mo.** Date signed: **5/30/42**

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

22  
2  
0

RECEIVED  
District Health Officer No. 7,  
District File Number 6-42-520  
Date Filed 6-8-42

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**