

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 192

1. PLACE OF DEATH:

(a) County Henry Windsor, Mo.
 (b) City or town Windsor, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Windsor Clinic
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1/2 day (Specify whether
 years, months or days) 18 mo

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. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Shirley V. Downing

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

4. Sex F 5. Color or race W 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 3 3 1941
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 7 13 hr. _____ min.

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

10. Usual occupation _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Ralph Downing
 13. Birthplace Benton Co Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Walter Steel
 15. Birthplace Benton Co Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Ralph Downing
 (b) Address Calhoun Mo

17. (a) Burial (b) Date thereof 10 18 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun, Mo

18. (a) Signature of funeral director Fred Williamson
 (b) Address Clinton Mo

19. (a) Oct. 17, 1942 (b) Georgia Kitchen
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16
 year 42 hour 9:30 minute 20 A. M.

21. I hereby certify that I attended the deceased from 4:30 P M
1942 Oct 16 1942
 that I last saw her alive on Oct 16 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Scald 2° of Duration
2 1/2 of Body Surface on
chest & back.

Due to _____

Due to _____

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

Major findings:
 Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following: 842

(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 2

23. Signature Geo W Windsor (M-D or other) DO

Address Windsor Mo Date signed 10/16/42

RECEIVED

District Health Officer No. 7,

District File Number 11-42-1180

Date Filed 11-6-42

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

Lucille Alderson

Licensed Embalmer No. 2478

P. O. Address Cleveland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33816
Registrar's No. 792

Registration District No. 137

Primary Registration District No. 4218

1. PLACE OF DEATH:

(a) County Herry
(b) City or town Wicks
(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 _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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 _____

3. (a) PRINT FULL NAME Shirley J. Downing

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased March 3
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Scald 2° of body surface on chest & back

Due to fall onto tub of boiling water

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

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) Accident due to fall on to boiling water

(b) Date of occurrence October 15 1942

(c) Where did injury occur? at home - Callow Mo
(City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? at home

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

23. Signature George W. ... (M. D. or other) _____

Address Wicks Mo Date signed 11/2/42

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

SUPPLEMENTARY

5-33816

5-33816

1942