

S. No. 2  
M-94441  
v. 5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33819

FILED NOV 11 1942

Registration District No. 137  
Primary Registration District No. 4218

Registrar's No. 201

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

1. PLACE OF DEATH:  
Henry  
(a) County Windsor  
(b) City or town Windsor  
(c) Name of hospital or institution:  
202 S. Tebo /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 23 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Henry  
(c) City or town Windsor  
(d) Street No. 202 S. Tebo  
(If outside city or town limits, write "RURAL")  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINTED FULL NAME Mrs. Cynthia Ann Johnston

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 19  
year 1942 hour 8:50 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  
to to  
that I last saw him alive on  
and that death occurred on the date and hour stated above.  
Immediate cause of death  
Duration

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife David James Johnston 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 6 1862  
(Month) (Day) (Year)

Due to  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

8. AGE: Years 80 Months 8 Days 13 If less than one day hr. min.

9. Birthplace Calloway County Missouri  
(City, town, or county) (State or foreign country)  
at home

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

10. Usual occupation  
11. Industry or business

12. Name Henry Reno  
13. Birthplace  
14. Maiden name Eliza Jane Holt  
15. Birthplace

16. (a) Informant Hughey Johnston  
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 10-21-42  
(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) 10-30-1942 (b) Georgia Kitchener  
(Date received local registrar) (Registrar's signature)

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  
23. Signature (M. D. or other)  
Address Date signed

1069

(Licensed Embalmer's Statement on Reverse Side)

10/27/42

RECEIVED  
District Health Officer No. 7  
District File Number 11-42-1171  
Date Filed 11-6-43

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**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: *W. M. Huston*  
Licensed Embalmer No. 3391  
P. O. Address *Winder, Va*

**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.**