

MAR 16 1943
Registration District No. **137**

Primary Registration District No. **4218**

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

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 801 S. Main St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Connie Jo Hix

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

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

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

7. Birth date of deceased July 29 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months 6 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Henry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Flavel Hix

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

14. Maiden name Dorothy Mae Campbell

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

16. (a) Informant Flavel Hix

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 1-30-43
(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) February 4, 1943 (b) Georgia Kitcher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **422**

(a) State Missouri (b) County Henry **2**

(c) City or town Windsor **0**
(If outside city or town limits, write "RURAL")

(d) Street No. 801 S. Main
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years. **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 29
year 1943 hour 9:30 a M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 29
1943, to Jan 29, 1943
that I last saw her alive on Jan 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Convulsion **Duration**
duration about 6 hours.

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

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 fall

23. Signature Georgia Kitcher (M. D. or other) P.O.
Address Windsor, Mo Date signed 2-2-43

1069

RECEIVED

District Health Officer No. 7:

District File Number

2-43-68

Date Filed

3-8-43

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

Edwell Hinton

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.