

No. 5-42
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10329

State File No.

REC APR 14 1943
Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor
(c) Name of hospital or institution: 203 S. Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 years
In this community 22 years
years, months or days

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

3. (a) PRINT FULL NAME Mrs. Sarah L. Hunter

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

4. Sex Fe 5. Color or race white 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife John Hunter 6. (c) Age of husband or wife if alive years 1857

7. Birth date of deceased July 13 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 2 If less than one day hr. / min.

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

10. Usual occupation at home

MOTHER FATHER
11. Industry or business
12. Name John Fain
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Posey
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant C. L. Hunter
(b) Address Windsor, Mo.

17. (a) Burial (b) Date thereof 2-16-43
(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, Mo.

19. (a) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15
year 1943 hour 4:30 a.m. minute M.

21. I hereby certify that I attended the deceased from Feb 15 1943
that I last saw him alive on Feb 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Circular Fibillation
Duration 2 1/2

Due to

Due to

Other conditions: 95 a
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations:
Of autopsy:

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?

23. Signature: P. J. Jennings (M. D. or other)

Address: Springfield Date signed: 2-16-43

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

1669 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 3-43-103

Date Filed 4-13-43

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.....

E. M. Kiskander

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10329
Registrar's No. 58

Registration District No. 127 Primary Registration District No. 4218

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:
(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) (Specify whether

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 Sarah L. Hunter

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 W

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

7. Birth date of deceased July 13 1943
(Month) (Day) (Year)

8. AGE: Years 45 Months 7 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of 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) March 10 1943 (b) Georgia Kitchum
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 10 Year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

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 _____

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

Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

J.K.

