

FILED JUL 9 1943
Registration District No. **737**

Primary Registration District No. **4218**

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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:
404 East Florence St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 months** (Specify whether years, months or days)

In this community **8 months** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Nettie P. Owsley**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **No.**

4. Sex **Fe**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Rolla N. Owsley**

6. (c) Age of husband or wife if alive **10, 1864** (Year)

7. Birth date of deceased **December 10, 1864** (Month) (Day) (Year)

8. AGE: Years **78** Months **6** Days **13** If less than one day hr. min.

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

10. Usual occupation **at home**

11. Industry or business

12. Name **Matthew Pierce**

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

14. Maiden name **Mary Thompson**

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

16. (a) Informant **M. P. Owsley**

(b) Address **Windsor, Missouri**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **6-25-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Missouri**

18. (a) Signature of funeral director **Huston-Turner**

(b) Address **Windsor, Missouri**

19. (a) **June 30, 1943** (Date received local registrar) (b) **Georgia Kitchen** (Registrar's signature)

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. **404 East Florence** (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **23** year **1943** hour **2:30 A** Minute **M.**

21. I hereby certify that I attended the deceased from **Oct 1942 to June 23, 1943** that I last saw him alive on **July 23, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Splenic Anemia (Banti's disease)**

Due to _____

Due to _____

Other conditions **Hemiplegia - right brain - left parietal** (Include pregnancy within 3 months of death)

Major findings: **PHYSICIAN**

Of operations _____

Of autopsy **156**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, file 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 **W. J. Russell** (M. D. or other) **MD**

Address **Windsor** Date signed **6-24-43**

1067

RECEIVED
District Health Officer No. 7,
District File Number 6-43-650
Date Filed 7-8-43

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.....

E. M. Zisler

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.