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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1944

Registration District No. 9 39

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4218

State File No. **3008**

Registrar's No. 30

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: 709 S. Windsor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 14 months
(Specify whether 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. 709 S. Windsor
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Mrs. A. Elizabeth Gladfelter

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 Married

6. (b) Name of husband or wife A. D. Gladfelter
6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased January 22 1860
(Month) (Day) (Year)

8. AGE: Years 83 | Months 11 | Days 15 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Harrison Ellis
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Jane Pickerill
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. I. Gladfelter
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 1-9-44
(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) January 31, 1944 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature) G.K.

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7
year 1944 hour 10:30 p m minute M.

21. I hereby certify that I attended the deceased from Jan 7 1944 to Jan 7 1944
that I last saw him alive on Jan 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of lungs following

Due to Influenza + bronchitis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations:
33a

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

23. Signature Burrell (M. D. or other) M.D.
Address Windsor Date signed 1/11/44

(Licensed Embalmer's Statement on Reverse Side)

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..................*Ella M. Huston*..................

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.