

No. 2
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1944
Registration District No. 1069

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11091
Registrar's No. 65

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:
402 S. Tebo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 9 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. 402 S. Tebo
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Lou H. Elbert
(b) If veteran, name war _____ (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 Will F. Elbert
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased March 17 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 26
year 1944 hour 6:15 p.m. M.
21. I hereby certify that I attended the deceased from Jan. 9
1944 to March 26, 1944
that I last saw her alive on Mar. 24, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Heart failure

8. AGE: Years 78 Months 9 Days _____ If less than one day _____ hr. _____ min.

Due to Chronic nephritis and Chronic Asthma 8 yrs.
Due to _____

9. Birthplace Benton County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation at home

Other conditions (Include pregnancy within 3 months of death) 121 P

11. Industry or business _____
12. Name Perry Wetzel
13. Birthplace unknown Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Overshiner
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

Major findings: Of operations none
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Will F. Elbert
(b) Address Windsor, Missouri
17. (a) Burial (b) Date thereof 3-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Windsor, Missouri

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? _____

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri
19. (a) March 31, 1944 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature L.A. Blackmore (M. D. or other) M.D.
Address Windsor, Mo. Date signed 3-28-44

1069

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District: *Franklin Co. No. 7.*

District File Number: *3-44-461*

Date Filed: *4-11-44*

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 *Edmund 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.