

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

1. PLACE OF DEATH: Henry
(a) County Windsor
(b) City or town Windsor
(c) Name of hospital or institution: 405 S. Main Street
(d) Length of stay: In hospital or institution 57 years
In this community 57 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Windsor
(d) Street No. 405 S. Main
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: Waller James Head

3. (b) If veteran, name war: World War I
3. (c) Social Security No. 495-07-2047

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased: December 7, 1887
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 1
If less than one day hr. min.

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

10. Usual occupation: Dry Goods Merchant

11. Industry or business: Dry Goods Merchant

12. Name: Dr. Charles W. Head
13. Birthplace: Lincoln, Benton Co., Missouri

14. Maiden name: MORA Mackelwroth
15. Birthplace: Warsaw, Missouri

16. (a) Informant: Miss Mary Head
(b) Address: Windsor, Missouri

17. (a) burial (b) Date thereof: 3-10-45
(c) Place: burial or cremation: Windsor, Missouri

18. (a) Signature of funeral director: Huston-Turner
(b) Address: Windsor, Mo.

19. (a) March 20, 1945
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 8th
year 1945 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 8, 1945 to Mar. 6, 1945, that I last saw him alive on March 4, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Embolism of Coronary Artery
Due to: Influenza infection

Other conditions: none

Major findings: none
Of operations: none
Of autopsy: none

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
Signature: J.A. Blackmore (M. D. or other) M.D.
Address _____ Date signed: 3-5-45

MAY 20 1946

MAY 21 1946

APR 9 1945

RECEIVED

District Health Officer No. 7,

District File Number 2-40-243

Date Filed 4-5-45

APR 17 1945

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. W. Huslow

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.