

FILED APR 10 1946

Registration District No. _____

Primary Registration District No. 4218

Registrar's No. 54

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:
200 West Florence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community one week
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. RFD, Windsor
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Catherine Clinkenbeard

3. (b) If veteran, name war _____ 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 Louis N. Clinkenbeard 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased September 28 1860
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

12. Name Spencer Anderson

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

14. Maiden name Sarah Adams

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

16. (a) Informant George Clinkenbeard

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 3-5-46
(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) 3-9-46 (b) R. B. Henny
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1946 hour 1:15 minute _____ M.

21. I hereby certify that I attended the deceased from 2-11-
1946, to 3-3- 1946
that I last saw her alive on 3-3- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation Duration 2 weeks

Due to chronic myocarditis ?

Due to _____
Other conditions 2
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 128
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 0
23. Signature Ray B Jordan (M. D. or other) _____
Address Windsor Date signed 3-8-46

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

RECEIVED

District Health Officer No. 7,

District File Number 3-46-327

Date Filed 4-9-46

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

Edw. M. Hunter

Licensed Embalmer No.

3391

P. O. Address

Windsor Ave

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.