

**FILED** APR 10 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **9193**

Registration District No. **137**

Primary Registration District No. **4218**

Registrar's No. **41**

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:  
**Mrs. Herman Henry (Nurses Home)**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 yr. 7 months**  
(Specify whether years, months or days) **11**  
In this community **50 yrs**

**3. (a) PRINT FULL NAME**

**Melvin W. Underwood**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**  
6. (b) Name of husband or wife **Danzell Underwood** 6. (c) Age of husband or wife if alive **27** years  
7. Birth date of deceased **Feb. 27 1874**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **0** Days **12** If less than one day hr. min.

9. Birthplace **Louisville Ky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Street Car Operator**

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_  
12. Name **Preston Underwood**  
13. Birthplace **Ky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Sarah** (not known)  
15. Birthplace **Ky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Herman Henry**  
(b) Address **614 Florence St Windsor Mo**  
17. (a) **Burial** (b) Date thereof **Mar 15 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Calhoun Cemetery**

18. (a) Signature of funeral director **J. A. Hansley**  
(b) Address **Calhoun Mo**  
19. (a) **3-14-46** (b) **R. W. Kennedy**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **Henry**  
(c) City or town **Windsor**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **614 Florence St**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **3** day **11**  
year **46** hour **10** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **3-1**  
19**46** to **3-11** 19**46**  
that I last saw him alive on **3-11** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Decompensation** Duration **1 week**

Due to **Chronic Myocarditis** ?

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**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 **C**  
23. Signature **Ray B Jordan** (M. D. or other)  
Address **Windsor Mo** Date signed **3-14-46**

MAR 18 1948

RECEIVED

District Health Officer No. 71

District Number 3-46-334

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 *myself*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*J. A. Housey*

Licensed Embalmer No. 3502

P. O. Address *Calhoun Ind*

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.