

FILED JUN 5 1948

Registration District No. 137

Primary Registration District No. 5218

Registrar's No. 94

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:  
606 East Jackson St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether years, months or days)

In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry #2

(c) City or town Windsor  
(If outside city or town limits, write "RURAL")

(d) Street No. 407 West Benton  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nannie Fouth

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Louis Fouth 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased October 22, 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	5	23	hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th year 1946 hour 2 minute 0 P. M.

21. I hereby certify that I attended the deceased from 1946 to 1946 and that I last saw him alive on April 4, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Stomach

Due to \_\_\_\_\_

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

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

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Independence, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas West

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

14. Maiden name Lida Morrison

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

16. (a) Informant Louis Fouth  
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 4-6-46  
(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) 5-11-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address Windsor Date signed 4/4

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

15015  
2  
3  
0

RECEIVED

Ex. Officer No. 7;

Date

5-4-6-49

Date Filed

6-4-46

**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 *E. H. Hester*

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.**