

No. 2
A-5-43
5-17-39
F X38871

FILED JUL 8 1946

State File No. _____
Registrar's No. 131

Registration District No. _____ Primary Registration District No. 4218

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Windsor
(c) Name of hospital or institution:
304 East Colorado /
(d) Length of stay: In hospital or institution 3 months
In this community 3 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Windsor 2
(d) Street No. 304 E. Colo 0
(e) Citizen of foreign country? No (Yes or No)

3. (a) PRINT FULL NAME James Oliver Egbert
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 19
year 1946 hour 12:40 am minute _____ M.
21. I hereby certify that I attended the deceased from Nov 25 1946 to June 19 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertie Egbert
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased August 28 1946
(Month) (Day) (Year)

Immediate cause of death
Coronary thrombosis of stomach
Due to _____
Due to _____

8. AGE: Years 76 Months 07 Days 21 If less than one day hr. _____ min. _____

Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace Johnson County, Missouri
10. Usual occupation Farming

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

MOTHER FATHER
11. Industry or business _____
12. Name Dudley Egbert
13. Birthplace Kentucky
14. Maiden name Anna Mosley
15. Birthplace unknown
16. (a) Informant Mrs. J. O. Egbert
(b) Address Windsor, Missouri
17. (a) Burial (b) Date thereof 6-20-46
(c) Place: burial or cremation Windsor, Missouri
18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Mo.
19. (a) 6-27-46 (b) R. R. Henney

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?
23. Signature _____ (M. D. or other)
Address _____ Date signed 6-21

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

120

146

RECEIVED
District Health Officer No. 7
District File Number 6-46-657
Date Filed 7-3-46

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.....
William H. 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.