

Registration District No. **137** Primary Registration District No. **4218**

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

12  
30

**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: **Community Hospital D**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **3 days**  
(Specify whether years, months or days)  
 In this community **25 years**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Henry** **42**  
 (c) City or town **Windsor** **2**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **305 W. Benton** **3**  
(If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME Mrs. Fannie Jane Finley**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **Jan.** day **7**  
 year **1947** hour **8:30 p** minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from **1-2**  
 \_\_\_\_\_, 19**47** to **1-7**, 19**47**  
 that I last saw her alive on **1-7**, 19**47**  
 and that death occurred on the date and hour stated above.

4. Sex **Fe** / 5. Color or race **W**  
 6. (a) Single, widowed, married, divorced, **Widowed**  
 6. (b) Name of husband or wife **Robert W. Young**  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **Dec. 4 1862**  
(Month) (Day) (Year)

Immediate cause of death **Chronic myocarditis**  
 Duration **?**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 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.

**8. AGE:** Years Months Days If less than one day  
**84 1 3** hr. min.

9. Birthplace **Wentzville, Missouri D**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **at home**

11. Industry or business \_\_\_\_\_  
**MOTHER FATHER**  
 12. Name **Oglesby L. Young**  
 13. Birthplace **unknown Missouri D**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Charlotte V. Bird**  
 15. Birthplace **unknown Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Virginia Stanfield**  
 (b) Address **Windsor, Missouri**  
 17. (a) **Burial** (b) Date thereof **1-9-47**  
(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, Missouri**  
 19. (a) **1-13-47** (b) **H. A. Kerney**  
(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?  
 While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury **D**  
 23. Signature **Ray Jordan** (M. D. or other) \_\_\_\_\_  
 Address **Wildlife mo** Date signed **1-10-47**

120

67-12-1  
12-12-36  
2:00

APR 19 1951

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.....

*Elder Preston*

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.