

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

Registration District No. **137**

Primary Registration District No. **4218**

**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:  
**604 E. JACKSON, ST. 1**  
(If not in hospital or institution, write street number or location)

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

In this community **15 years**  
(Specify whether years, months or days)

**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. **604 E. Jackson** **0**  
(If rural, give location)

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

**3. (a) PRINT FULL NAME Mrs. Millie Johnson Childers**

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

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **September** Day **3**  
year **1947** hour **2** minute **0** P. M.

**21. I hereby certify that I attended the deceased from** **10-24-45**  
19\_\_\_\_ to **Sept 3** 19**47**

I last saw her alive on **Sept 3** 19**47**  
and that death occurred on the date and hour stated above.

4. Sex **Fe** / 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Charles L. Childers**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **May 1 1863**  
(Month) (Day) (Year)

Immediate cause of death **Coma - due to nephritis chronic in nature**

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

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

**8. AGE:**

Years	Months	Days	If less than one day
<b>84</b>	<b>4</b>	<b>2</b>	hr. _____ min. _____

Other conditions **131B**  
(Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

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

10. Usual occupation **At home**

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

**11. Industry or business**

**12. Name Samuel M. Johnson**

**13. Birthplace Unknown Tennessee**  
(City, town, or county) (State or foreign country)

**14. Maiden name Elvira Booher**

**15. Birthplace Unknown Tennessee**  
(City, town, or county) (State or foreign country)

**16. (a) Informant Carey Huston**

**(b) Address Windsor, Missouri**

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof 9-4-47**  
(Month) (Day) (Year)

**(c) Place: burial or cremation Windsor, Missouri**

**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? \_\_\_\_\_

**18. (a) Signature of funeral director Huston-Turner**

**(b) Address Windsor, Missouri**

**19. (a) 9-5-1947** (Date received local registrar) **(b) R. R. Kennedy** (Registrar's signature)

**23. Signature Goodell Windsor** (M. D. or other) **00**

**Address Windsor, Missouri** **Date signed 9-4-47**

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

MOTHER FATHER

2  
02

RECEIVED  
District Health Officer No. 7,  
District No. 8, 47-1055  
District No. 9, 8-47  
Date filled

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.....

*William N. Turner*, Registered Apprentice No. *470*  
working under my personal supervision.

Signed.....

*E. W. Johnston*

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.