

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

FILED JAN 13 1948

Registration District No. 137

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 910

Primary Registration District No. 4218

Registrar's No. 6

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 16 hours
(Specify whether
In this community... LIFE
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") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Esther Marie Garber

3. (b) If veteran, name war... None 3. (c) Social Security No. None

4. Sex... Female 5. Color or race... White 6. (a) Single, widowed, married, divorced... Child

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

7. Birth date of deceased... January 5 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
16 hr. 45 min

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

10. Usual occupation... Child

11. Industry or business... Logan Oliver Garber

12. Name... Logan Oliver Garber

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

14. Maiden name... Leolia Frances Miller

15. Birthplace... Pettis County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant... Logan Garber

(b) Address... Windsor, Missouri

17. (a) Burial... Burial (b) Date thereof... 1-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director... Huxton-Turley

(b) Address... Windsor, MO

19. (a) 1-8-48 (b) R.R. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... June day... 6
year... 1948 hour... minute... 3:30 P

21. I hereby certify that I attended the deceased from 1-5
1948 to 1-6 1948
that I last saw her alive on 1-6 1948
and that death occurred on the date and hour stated above.

Immediate cause of death... Congenital heart disease
Due to... Blue baby

Due to...
Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations...
Of autopsy...
157E

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... Raymond J. Odum (M. D. or other)
Address... Windsor Mo Date signed... 1-6-48

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

RECEIVED
District Health Officer No. 7,
District File Number 18-47-8071
Date Filed 1-12-48

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 *Edwin Hinton*

Licensed Embalmer No. 3391

P. O. Address Windsor, N.C.

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.