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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JUN 9 1948

Registration District No. 3.7

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16122

Registrar's No. 115

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: East Florence /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 months
(Specify whether
In this community 45 years
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. 400 East Florence
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mrs. Florida Couch

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

4. Sex Fe / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife I. E. Couch 6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased August 18 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 9 10 hr. min

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

10. Usual occupation At home

11. Industry or business Jonathan Newman 9

12. Name Unknown 13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis Newman (b) Address Calhoun, Missouri

17. (a) Burial (b) Date thereof 5-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun, Missouri

18. (a) Signature of funeral director Huston-Turner (b) Address Windsor, Mo

19. (a) 6-1-1948 (b) R. R. Kinnear
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1948 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from 12-14-46 to 5-28-48 19 that I last saw her alive on 5-28-48 19 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 6mo

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

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 R. R. Kinnear (M. D. or other)

Address Windsor, Mo Date signed 5-29-48

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

MOTHER FATHER

RECEIVED

District Health Officer No.

District File Number 5-48-6

Date Filed 6-7-48

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 _____

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

Signed Edwin H. Winston

Licensed Embalmer No. 3391

P. O. Address Winston St.

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.