

S. No. 2
M-1/47
5-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19288

State File No.

National Office of Vital Statistics
FILED JUL 15 1948

Registration District No. 737

Primary Registration District No. 4218

Registrar's No. 144

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:
405 South Main /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether
In this community..... **56 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **Henry** 42

(c) City or town..... **Windsor** 9
(If outside city or town limits, write "RURAL") 0

(d) Street No..... **405 S. Main**
(If rural, give location) 0

(e) Citizen of foreign country?..... **No** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **Mary Head**

3. (b) If veteran, name war..... **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **July** day..... **1**
year..... **1948** hour..... **4** minute..... **50 a** M.

4. Sex..... **Female** 5. Color or race..... **White**

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased..... **April 22 1892**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 1, 1948** to **July 1, 1948**
that I last saw her alive on **July 31, 1948**
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	56	2	9hr.min.

Immediate cause of death..... **Cancer of colon and liver**

Duration..... **5 Months**

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

10. Usual occupation..... **at home**

Due to.....

Due to.....

Other conditions..... **H/E**
(Include pregnancy within 3 months of death)

11. Industry or business.....

12. Name..... **C. W. Head**

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

14. Maiden name..... **Elmora Mac Elwrath**

15. Birthplace..... **Warsaw Missouri**
(City, town, or county) (State or foreign country)

Major findings:
Of operations..... **Cancer as noted above**

Of autopsy..... **none**

PHYSICIAN.....

Underline the cause of which death should be charged statistically.

16. (a) Informant..... **Alfred Head**
(b) Address..... **230 Dierks, Kansas City, Mo**

17. (a) **Burial** (b) Date thereof..... **7-3-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director..... **Huston Jurell**
(b) Address..... **Windsor, Mo.**

19. (a) **7-6-48** (b) **R. R. Kenney**
(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?..... (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature..... **J. A. Blackmore** (M. D. or other) **MD**
Address..... **Windsor, Mo.** Date signed..... **7-2-48**

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

822

RECEIVED

District Health Officer No. 7,

District File Number 800

Date Filed 7-14-48

JAN 20 1949

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 - Preston

Licensed Embalmer No. 3391

P. O. Address Windsor, Me.

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.