

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26082**

FILED AUG 31 1948
Registration District No. **7**

Primary Registration District No. **4218**

Registrar's No. **178**

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

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 **407 East Florence**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **16 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **42**

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

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

(d) Street No. **407 East Florence**
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME **Mrs. Lena Brandt Habekost**

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 **Widowed**

6. (b) Name of husband or wife **Henry J. Habekost**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **April 18 1883**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	4	7hr.min.

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

10. Usual occupation **At home**

11. Industry or business **Henry Brandt**

12. Name **Henry Brandt**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Taylor Highley**

(b) Address **Windsor, Missouri**

17. (a) **Burial** (b) Date thereof **8-27-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Horton Turner**

(b) Address **Windsor, Mo.**

19. (a) **Aug 27-48** (b) **H. R. Keimley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **25**
year **1948** hour **1** minute **35** p. M.

21. I hereby certify that I attended the deceased from **1930**, 19... to **Aug-25 1948**
that I last saw him alive on **Aug 20 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Rheumatoid Arthritis**

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 5 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 **Arnold** (M. D. or D. O.)
Address **Windsor** Date signed **8/27/48**

RECEIVED

District Health Officer No. 7,

District File Number 7-48-994

Date Filed 8-30-48

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

Signed Ellis H. Kustan.....

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.