

No. 2  
1/47  
17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED NOV 4 1948

Registration District No. 227

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32708

Primary Registration District No. 4218

Registrar's No. 221

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... 705 East Jackson /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 30 Years (Specify whether  
In this community... 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... 705 East Jackson  
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME... John Robert Friend

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

3. (c) Social Security No. None

4. Sex... Male 0

5. Color or race... White

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

6. (b) Name of husband or wife... Bertie Lindley Friend

6. (c) Age of husband or wife if alive... 79 years

7. Birth date of deceased... November 1 1867  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	11	27	hr. min.

9. Birthplace... Burlington Iowa /  
(City, town, or county) (State or foreign country)

10. Usual occupation... Miner-Retired

11. Industry or business... Amer Friend

12. Name... Burlington Iowa /

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

14. Maiden name... Elizabeth Matthews

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

16. (a) Informant... Charlie Friend

(b) Address... Windsor, Missouri

17. (a) Burial, cremation, or removal... Burial (b) Date thereof... 10-30-48  
(Month) (Day) (Year)

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

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

(b) Address... Windsor, Mo.

19. (a) 10-30-48 (b) *R. J. Ramsey*  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... October 27  
day... 27  
year... 1948 hour... 10 minute... 30 p. M.

21. I hereby certify that I attended the deceased from... *just*  
1948 to... *Oct 27* 1948  
that I last saw him alive on... *Oct 27* 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death...  
*myocarditis -  
hypertension -  
atherosclerosis -  
left heart.*

Due to...  
Due to...

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

Major findings:  
Of operations...  
Of autopsy...  
750

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... 0

23. Signature... *Harold* (M. D. or other)

Address... Windsor Date signed... 10/27/48

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

MOTHER FATHER

3176, 11-2-48

RECEIVED  
District Health Officer No. 7,  
District File Number 10-48-1266  
Date Filed 11-2-48

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 Ellie Hunter

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.