

No. 2
-1/47
-17-39

36279

FEDERAL BUREAU OF INVESTIGATION

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 234

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
(If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution..... Three Months
(Specify whether years, months or days)

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Johnson 51

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

(d) Street No..... RFD # 1, Windsor 1
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME..... Miss Lettie S. Huggins

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

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... November day..... 7
year..... 1948 hour..... 3 minute..... 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 5 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... Aug. 11, 1948 to..... Nov. 6, 1948
that I last saw her alive on..... Nov. 6, 1948
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>7</u>	<u>3</u>hr.min.

Immediate cause of death.....
Confinement to bed following fracture of femur

Due to.....

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

10. Usual occupation..... At home

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

Major findings: no operation

Of autopsy..... none

11. Industry or business.....

12. Name..... Unknown

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

14. Maiden name..... Sophia Marsh

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... fracture of femur

(b) Date of occurrence..... Aug. 11, 1948

(c) Where did injury occur?..... Windsor Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... at home

While at work?..... Yes (Specify type of place)

(e) Means of injury..... Fell on floor

16. (a) Informant..... Mrs. Elroy Gallaher

(b) Address..... Windsor, Missouri

17. (a) Burial (b) Date thereof..... 11-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director..... Huston Turmel

(b) Address..... Windsor, Missouri

19. (a) 11-8-48 (b) R.R. Kenney
(Date received local registrar) (Registrar's signature)

23. Signature..... J.A. Blackmore (M. D. or other) M.D.

Address..... Windsor, Mo. Date signed..... 11-8-48

PHYSICIAN:

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 77

District File Number 10-48-1323

Date Filed 11-15-48

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 Ellen Hutton

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.