

Registration District No. 336

Primary Registration District No. 6137

Registrar's No.

1. PLACE OF DEATH

(a) County Shannon
(b) City or town Winona (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: own home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 32 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shannon
(c) City or town Winona (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Fannie Dolly Windes

3. (b) If veteran, name war _____

(c) Social Security No. _____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife J.C. Windes

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Jan 20 1887

(Month) (Day) (Year)

8. AGE:

Years 60 Months 2 Days 26 hr. min.

9. Birthplace

Reynolds Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

house wife

11. Industry or business

MOTHER FATHER

12. Name Almerine Alcorn

13. Birthplace (City, town, or county)

Mo. (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county)

9 (State or foreign country)

16. (a) Informant J.C. Windes

(b) Address Winona

17. (a) Burial (b) Date thereof 3-20-47

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Site

18. (a) Signature of funeral director Seaton Pewitt

(b) Address Van Buren Mo

19. (a) 4-10-47 (b) Mike Ream

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 16 year 1947 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from patient was 19 to 1947 that I last saw him alive on June 1 saw her and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J.W. Cottor (M. D. or other) Address Van Buren Date signed _____

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

JUN 6 1948

JUL 2 1948

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.