

S. No. 2
8-43
7-39
14 37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 11 1948

Registration District No. 55

Primary Registration District No. 5200

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town "Rural" Wakenda Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Entire Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll

(c) City or town "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 NAME ELMER STEPHENS WINFREY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1946 hour 4 minutes 30 P. M.

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Bertha Jones 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 14 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-1, 1945 to 1-21, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

60 7 7 hr. _____ min.

Immediate cause of death NEPHRITIS - CHRONIC Duration 11 Mo

9. Birthplace Carroll Co Mo.
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Farming

Other conditions (Includes pregnancy within 3 months of death) MYOCARDITIS - CHRONIC

11. Industry or business _____

12. Name James Winfrey 9

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

14. Maiden name Susan Adkins 9

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

Major findings: Of operations _____

Of autopsy 1312

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Elmer Winfrey

(b) Address Carrollton Mo.

17. (a) Burial (b) Date thereof 1-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cap. New cemetery

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

(c) 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) _____ (e) Means of injury _____

18. (a) Signature of funeral director Stanley Gibson

(b) Address Carrollton Mo.

19. (a) 1-23-46 (b) Mr. Herbert Clevart
(Date received local registrar) (Registrar's signature)

23. Signature Geo A. Kelling (M. D. or other) _____
Address Waverly Mo. Date signed 1-22-46

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

397

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-8-46

FEB 18 1946

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.