

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9624
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. Research Hospital Registered No. 1089
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Milton J. Winn 500
 (a) Residence, No. 3827 Bellefontaine St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Katherine D. Winn</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 11, 1855</u>				
7. AGE	YEARS <u>53</u>	MONTHS <u>0</u>	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Laundry Agent</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
	13. NAME <u>Charles J. Winn</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan</u>			
	15. MAIDEN NAME <u>Alla E. Sale</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>				
17. INFORMANT <u>Mrs. Winfield S. Woodlief</u> (ADDRESS) <u>323 Brush Creek, Kansas Cy., Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Int Washington</u> DATE <u>2-9</u> 19 <u>38</u>				
19. FUNERAL DIRECTOR <u>Stine & McClure</u> (ADDRESS) <u>Kansas City, Missouri</u>				
20. FILED <u>Mar 9, 1938</u> <u>M. M. Brown</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>March 7, 1938</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 25, 1938</u> , to <u>March 7, 1938</u> I last saw him alive on <u>March 7, 1938</u> Death is said to have occurred on the date stated above, at <u>7:30 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>Coronary Thrombosis</u> <u>9463</u> Other contributory causes of importance: <u>Coronary Sclerosis</u> <u>Arterial Hypertension</u> Name of operation <u>None</u> Date of <u> </u> What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>yes</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 19 <u> </u> Where did injury occur? <u> </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury <u> </u> Nature of injury <u> </u>	
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u> </u> (Signed) <u>Carl R. Ferris</u> , M. D. (Address) <u>934 Argyle Bldg</u> <u>Kansas City, Mo.</u>	

128227

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed.....
Licensed Embalmer No.....

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.)