

NOV 17 1938

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

36921
Do not use this space.

1. PLACE OF DEATH
 (a) County Saline Registration District No. 7968
 (b) Township 1 Primary Registration District No. 3038 Registered No. 155
 (c) City Marshall (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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.

2. PRINT FULL NAME 524 CHARLES EDWIN WINSLOW
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Winslow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1875

7. AGE YEARS 63 MONTHS 9 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe worker
 9. Industry or business in which work was done, as saw mill, bank, etc. International Co.
 10. Date deceased last worked at this occupation (month and year) Oct. 1938 11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo.

FATHER 13. NAME Marion L. Winslow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Mariah Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. Martha Winslow Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem DATE Oct 29, 1938

19. FUNERAL DIRECTOR (ADDRESS) Short & M. Gray Marshall, Mo.

20. FILED 10-27-1938 Mary Kent Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1938, to _____, 19____.

I last saw him alive on Oct 26, 1938. Death is said to have occurred on the date stated above, at 9:20 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
95%
 Date of onset

Other contributory causes of importance: Cardiac Hypertrophy

Name of operation _____ Date of _____
 What test confirmed diagnosis? Bluish Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____.

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) E. S. Hardin, M. D.
 (Address) Marshall, Mo.

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.

RECEIVED
District Health Officer No. 8,
District File Number 11/10/38
Date Filed

STATEMENT BY LICENSED EMBALMER

I, A.P.M. Cravy, Licensed Embalmer No. 3153

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 A.P.M. Cravy
Licensed Embalmer No. 3153

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.)