

JAN 1 1938

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

43219  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Herran Registration District No. 387  
 (b) Township Clinton Primary Registration District No. 3018  
 (c) City Clinton (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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 Jacob Robert Winters  
 (a) Residence, No. 5208 Jeff St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maudie Winters  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19 1867  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 4 4  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Asst. of  
 9. Industry or business in which work was done, as saw mill, bank, etc. Brushy Creek  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra Mo  
 FATHER 13. NAME Jacob Robert Winters  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know  
 MOTHER 15. MAIDEN NAME Rebecca Cavalier  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) vir  
 17. INFORMANT (ADDRESS) Mrs Maudie Winters Clinton Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 12/26 38  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Consalus & Beck Clinton Mo  
 20. FILED 12-31 1938 Dr J. B. Hampton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1938  
 22. I HEREBY CERTIFY, That I attended deceased Dec 23 1938, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw him \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ A.M.  
 The principal cause of death and related causes of importance were as follows:  
Found dead in bed at 6:30 AM. Indication that he had been dead a short time. Probable apoplexy  
 Date of onset  
 Other contributory causes of importance: g2M  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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. C. Pelroy, M. D.  
 (Address) Clinton Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

42  
4  
2

RECEIVED

District Health Officer No. 7,

District File Number 7-39-21

Date Filed 1-4-39

---

---

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 M. D. Snow

Licensed Embalmer No. 4034

P. O. Address Clinton, 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, above space should be left blank.