

ESTD JAN 24 1939

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

43819
Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 571
 (b) Township _____ Primary Registration District No. 4335 Registered No. 70
 (c) City California (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

(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Asbury Winkle-McNeal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1856

7. AGE YEARS 82 MONTHS 8 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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 _____

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Casper County, Missouri

FATHER 13. NAME James Franklin Lawrence

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Va.

MOTHER 15. MAIDEN NAME Guiney A. Hodge

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Beate Fuppis California

18. BURIAL, CREMATION, OR REMOVAL PLACE white cemetery DATE 12/27/38

19. FUNERAL DIRECTOR (NAME) Richard R. Popejoy

(ADDRESS) California

20. FILED 12-26-38 R. R. Popejoy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26-1938

22. I HEREBY CERTIFY, That I attended deceased from 8-15-1933, to 12-26-1938, 1938

I last saw him alive on 12-24-1938 1938. Death is said to have occurred on the date stated above, at 9:45 m.

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

Atherosclerosis and Chronic Rheumatism
Cause unknown
 Date of onset _____

Other contributory causes of importance:

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? _____

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? Yes
 If so, specify _____

(Signed) R. R. Popejoy M. D.
 (Address) California 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.

1938-12-24
1856-4-14
82-8-14

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, ^{not}

....., or by

Registered Apprentice No., working under my personal supervision.

Signed Jessie E. Richards

Licensed Embalmer No. 2466

P. O. Address Jupton, 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.