

REC'D FEB 23 1939

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

2672

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township _____ Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. St John's Hospital
 (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 9 yrs. mos. ds. (f) How long in U.S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

HERBERT HENRY WINSTEAD
 (a) Residence, No. 1423 W 9th 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1906
 7. AGE YEARS 33 MONTHS 0 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chef
 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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Siloam Springs, Arkansas

FATHER 13. NAME Henry Winstead
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Siloam Springs, Arkansas

MOTHER 15. MAIDEN NAME Ada Joplin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pryor, Oklahoma

17. INFORMANT (ADDRESS) Howard Winstead, Joplin Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mark Memorial DATE 2-1-39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lanpher Mortuary, Joplin Mo.
 20. FILED 2-2-39 Ed. D. Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1939

22. I HEREBY CERTIFY, that I attended deceased from Jan. 17, 1939, to Jan. 30, 1939.
 I last saw him alive on Jan. 29, 1939. Death is said to have occurred on the date stated above, at 12:50 A.M.
 The principal cause of death and related causes of importance were as follows:

Coronary & Abscess in neck
54
 Date of onset _____

Other contributory causes of importance:

Diabetes Mellitus

Name of operation incised coronary Date of J. 18, 1939
 What test confirmed diagnosis? urinal 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) W. D. Chapman, M. D.
Joplin, Mo. (Address)

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7
5

RECEIVED

District Health Officer No. 6,

District File Number 6-39-342

Date Filed FEB 16 1939

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, F. M.

Jones, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin, 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.