REC'D MAR 9 1939

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

5852
Do not use this space.

1. PLACE OF DEATH
(a) County Boone
(b) Township
(c) City Columbia Missouri
(d) Street No. Boone County Hospital 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.

Registration District No. 73
Primary Registration District No. 3006 Registered No. 20

2. PRINT FULL NAME Mrs. Agnes Gertrude Winter halter
(a) Residence, No. R.F. D. # 6 Columbia St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

536

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Tom P. Winterhalter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1892

7. AGE: YEARS 47 MONTHS 0 DAYS 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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) Kansas City, Missouri 0

FATHER
13. NAME Tom Burns 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 1

MOTHER
15. MAIDEN NAME Mary Carter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mr. Tom P. Winterhalter R.F.D # 6 Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakland Cem. DATE Feb. 4, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. J. Meister Boonville Mo.

20. FILED 2/21 1939 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Author Cebeval Hemerge or Renal trouble Change of life

Other contributory causes of importance: 8241

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) W. R. Yoakon Comer, M.D.
(Address) 20 N 9 56 ...

(Licensed Embalmer's Statement on Reverse Side)

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.

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, L. J. Shers

....., or by .....

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

Signed L. J. Shers

Licensed Embalmer No. # 7737

P. O. Address Boonville N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.