

JUL 18 1934

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

22492
Do not use this space.

1. PLACE OF DEATH

(a) County Laclede Registration District No. 449
(b) Township Spring hollow Primary Registration District No. 5613
(c) City _____ (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

516 Rosa Ann Winfrey
(a) Residence, No. R.R. #2 Lebanon, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John L. Winfrey
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9, 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
80 11 4
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Springfield, Ill.

FATHER 13. NAME Andrew Weaver

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

MOTHER 15. MAIDEN NAME Nancy Cox

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Eber Weaver
Lebanon, Mo. R.R. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodsen DATE 6/13/39

19. FUNERAL DIRECTOR (NAME) Holman W.E.
(ADDRESS) Lebanon Mo

20. FILED 6-14-39 J. A. McCaleb
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/13/39
22. I HEREBY CERTIFY, That I attended deceased from 6-1, 1939, to 6-12, 1939
I last saw h. or alive on 6-8, 1939. Death is said to have occurred on the date stated above, at 2:15 a. m.
The principal cause of death and related causes of importance were as follows:

Carcinomatous of intestine Date of onset 1-10-39
46
Other contributory causes of importance:
Arterio-Sclerosis
Hypertensive Heart Disease

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) Wm. J. Waihoja, M. D.
(Address) Lebanon, Missouri

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

N. E.—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.

FORM-9-1-28B I X16603

RECEIVED

District Health Officer No. 7,
District File Number 7-39-106
Date Filed 7-14-39

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 Carl W. House

Licensed Embalmer No. 3953

P. O. Address Seaford, MD

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.