

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

REGD SEP 15 1939
Registration District No. 142

Primary Registration District No. 638-6

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Blackwater
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME ALMA WINSTON

523

3. (b) If veteran, name war No

3. (c) Social Security No. No

20. DATE OF DEATH: Month Aug day 24 1/2
year 1939 hour 07 minute 15 P. M.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John Winston 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased DEC 29 1972
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 28 1936 to AUG 24 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo-Carditis Duration 1936

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>7</u>	<u>25</u>	hr. _____ min.

Due to Chronic Bronchi-tis About 25 yrs.

9. Birthplace Pettis Co Mo
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) No

10. Usual occupation Housewife

11. Industry or business at home

MOTHER FATHER

12. Name J. J. Van Bibber

13. Birthplace Callaway Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Langston

15. Birthplace Winston Salem NC
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature J. H. Winston

(b) Address Street Spring Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Rural (b) Date thereof Aug 26 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation Blackwater Church

18. (a) Signature of funeral director A. C. Carter

(b) Address Street Spring Mo

(Specify type of place) _____

(e) Means of injury _____

23. Signature A. H. Vinjen (M. D. or other) _____

Address Sweet Springs Mo Date signed 8-26-39

19. (a) Aug 26 (b) John H. Van Bibber
(Date received local registrar) (Registrar's signature)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully checked.

RECEIVED
District Health Officer No. 8,
District File Number 9/11/39
Date Filed

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 *A. C. Carter*
Licensed Embalmer No. 3513
P. O. Address *San Diego, Ca*

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

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