

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. **801**

Primary Registration District No. **4480**

Registrar's No. **30**

1. PLACE OF DEATH:

(a) County **Saline** **1939, OCT 13 1939**

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

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

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) **2 months 15 days** (Specify whether **59**)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline**

(c) City or town **Sweet Springs**
(If outside city or town limits, write "RURAL")

(d) Street No. **1202 Bridge St.**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **Do not know** years.

3. (a) PRINT FULL NAME **ROWENA ESIZABETH WINSLOW**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **✓**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **25** year **1939** hour **11 AM** minute _____ M.

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **W. C. Winslow**

6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **January 7 1890**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **held inquest**, 19____, to **Sept 25th**, 19**39**; that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years **49** Months **8** Days **18** If less than one day _____ hr. _____ min.

Immediate cause of death **Poison taken by her own hands with suicidal intent.** Duration _____

9. Birthplace **Saline County Missouri**
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions **✓**
(Include pregnancy within 3 months of death)

10. Usual occupation **Proprietor of Restaurant**

Major findings: **No operation**

11. Industry or business **Restaurant**

12. Name **Musford Brandon**

Of operations **No operation**

13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

Of autopsy **None**

14. Maiden name **Ada Ranson**

PHYSICIAN _____

Underline the cause to which death should be charged statistically

15. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature **B. W.**

(b) Address **Sweet Springs Mo**

(a) Accident, suicide, or homicide (specify) **Suicide**

(b) Date of occurrence **See above Sept 25th 39**

17. (a) **Marshall and** (b) Date thereof **9-27-1939**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? **Sweet Springs Mo**
(City or town) (County) (State)

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

(e) Place: burial or cremation **Ridge Park Cemetery**

18. (a) Signature of funeral director **W. H. Harvey**

(b) Address **Sweet Springs**

While at work? **✓** (Specify type of place)

(e) Means of injury **See 21**

19. (a) **Sept 26** (b) **Mr. C. G. Reid**
(Date received local registrar) (Registrar's signature)

23. Signature **B. C. Bradshaw** M. D. or other _____
Address **Amor Rock, Mo** Date signed _____

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10/10/39

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 Jesse Hawley
Licensed Embalmer No. 2214
P. O. Address Sweet Springs

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.