

61118 1899

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

40421
Do not use this space.

1. PLACE OF DEATH 2
 (a) County Nodaway Registration District No. 6-20
 (b) Township Waco Primary Registration District No. 2-8-27
 (c) City Wilcox (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 541 Fred Oscar Winell
 (a) Residence, No. _____ 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minerva Winell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-3-1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>65</u>	<u>11</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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) Sweden 7

13. NAME (Unknown) Winell 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden 67

15. MAIDEN NAME Unknown 7

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT Minerva Winell
(ADDRESS) Wilcox Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wilcox Mo DATE 11-27 1939

19. FUNERAL DIRECTOR (NAME) Campbell Funeral Home
(ADDRESS) Maryville Mo

20. FILED 11-27 1939 Mamie E. Clardy
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25th 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 24th 1939, to Nov. 25th 1939
 I last saw him alive on Nov 24th 1939. Death is said to have occurred on the date stated above, at 1 A. m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
151

Other contributory causes of importance:
Arteriosclerosis
Interstitial nephritis 1935

Name of operation none Date of _____
 What test confirmed diagnosis? Lab 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? Yes
 If so, specify hard work & exposure
 (Signed) L. E. Dean, M. D.
 (Address) Maryville Mo

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, or by.....

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

Signed

William Campbell

Licensed Embalmer No.

2670

P. O. Address

Manville W. N.

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.