

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17527

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2054

1. PLACE OF DEATH:

(a) County Jackson,  
(b) City or town Kansas City,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Joseph Hospital,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks, (Specify whether  
In this community 59 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,  
(c) City or town Kansas City,  
(If outside city or town limits, write "RURAL")  
(d) Street No. Lucerne Hotel,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. Canada years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th,  
year 1940 hour 4:15 minute A. M.

21. I hereby certify that I attended the deceased from May 21 1940  
19 to May 17 1940  
that I last saw him alive on May 16 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic  
myocarditis  
cerebral hemorrhage  
Due to hypertension, prostate  
arterio-sclerosis  
Due to hypertension, nephritis,  
(chronic)  
Other conditions 131  
(Include pregnancy within 3 months of death)

Duration  
5 mo  
1 mo  
PHYSICIAN  
Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

Major findings:  
Of operations  
Of autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(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?

While at work? (Specify type of place)  
(e) Means of injury 1

23. Signature Mrs Jackson (M. D. or other)  
Address 1107 August Date signed

3. (a) PRINT FULL NAME R. L. Winter, (N.M.O.) 536

3. (b) If veteran, name war Not a veteran 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary E. Winter 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased July 3 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 10 14 hr. min.

9. Birthplace Ontario, Canada,  
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate Man

11. Industry or business X

12. Name Thomas B. Winter,  
13. Birthplace England,  
(City, town, or county) (State or foreign country)

14. Maiden name BAUER  
15. Birthplace England,  
(City, town, or county) (State or foreign country)

16. (a) Informant Howard Winter,  
(b) Address 123 E. 51st Terrace, K. C., mo

17. (a) Cremation, (b) Date thereof 5-18-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery, K. C., Mo

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) May 17, 1940 (b) M. M. Grove  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. W. R. Jackson,

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**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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo.

**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.**