

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19190

State File No. _____

Registrar's No. 4

JUN 22 1940 1128
Registration District No. 1128

Primary Registration District No. 0879a

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Clarysville Mo.
(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry
(c) City or town Clarysville Mo.
(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 Anton Wingerter 52b
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosie Wingerter 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Feb. 12 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER
12. Name Joseph Wingerter
13. Birthplace P Germany
(City, town, or county) (State or foreign country)
14. Maiden name Amelia Bundendistel
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anton Wingerter
(b) Address Mo 9 Perryville

17. (a) Burial (b) Date thereof June 1 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director John P. Gann
(b) Address Perryville Mo.

19. (a) 2-30-40 (b) John Elder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 29
year 1940 hour 13 minutes P M.
21. I hereby certify that I attended the deceased from Jan 30 to May 29, 1940;
that I last saw him, alive on May 26, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Hemorrhage of brain
Due to _____
Due to Cerebral Disease

Other conditions (Include pregnancy within 5 months of death) 95 lb

Major findings: Of operations _____
Of autopsy none

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? 526

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

23. Signature John P. Gann (M. D. or other) _____
Address Perryville Date signed 30/40

Duration yro
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.