No. 2
1-10-39
17-39
X21402

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21075

FILED JUL 9 1940

Registration District No. 20

Primary Registration District No. 5027

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Atchison

(b) ~~City or town~~ Rural Tarkio Rural

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

(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

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

In this community I month 3 days

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison

(c) City or town Rural

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

(d) Street No. Naar Tarkio, Mo

(If rural, give location)

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

3. (a) PRINT FULL NAME George W Winstead 523

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lucy Winstead

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

7. Birth date of deceased Sept. 20th, 1880 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	6	9	hr. min.

9. Birthplace Marristown (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER

12. Name J F Winstead

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

MOTHER

14. Maiden name Nancy McElhaney

15. Birthplace ~~Tenn~~ (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Edith Winstead

(b) Address Tarkio, Missouri

17. (a) Burial 1st 1940 (Burial, cremation, or removal) (b) Date thereof Mar. 31, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio, Missouri

18. (a) Signature of funeral director [illegible]

(b) Address Westboro, Missouri

19. (a) Mar 31-40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th year 1940 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from January 22, 1940, to March 29, 1940; that I last saw him alive on March 29, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rheumatic heart disease	20+ years
Auricular fibrillation	?
~~Due to~~ Mitral stenosis	?
Pulmonary infarction	3 wks
Due to auricular fibrillation & mitral stenosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none

Of autopsy no

92 W

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Charles H. Flynn (M. D. ~~or other~~) 1

Address Tarkio, Mo. Date signed 3-30-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number 740-925
Date Filed JUL 1 1940

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

Scott Puckett, Registered Apprentice No.

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2824

P. O. Address Westborough Mo

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

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