

1-40
39
FILE

Registration District No. **698**

Primary Registration District No. **5926**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Platte**
(b) City or town **Weston Rural**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) **2**
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Platte**
(c) City or town **Weston Rural**
(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 **Roland Jesse Gwinn 500**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased **August 15 1940**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day **5** hr. _____ min.

9. Birthplace **Weston Rural Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

12. Name **Edwards Gwinn**

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

14. Maiden name **Goldie Gerber**

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

16. (a) Informant **Jess Gwinn**

(b) Address **Weston Mo**

17. (a) **Burial** (b) Date thereof **AUG 15 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Laurel Hill**

18. (a) Signature of funeral director **J. B. Brill**

(b) Address **Weston Mo**

19. (a) **AUG 15 40** (b) **J. B. Brill**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **15**
year **1940** hour **12** minute **AM**

21. I hereby certify that I attended the deceased from **August 15**
1940, to **August 15**, 1940

that I last saw him alive on **August 15**, 1940

and that death occurred on the date and hour stated above.

Immediate cause of death **Premature birth.** Duration

Due to **Undetermined.**

Due to **159**

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **No autopsy.**

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?

628 (Specify type of place)

While at work? (e) Means of injury

23. Signature **Lewis C. Gilbert** (M. D. or other)

Address **Weston, Mo.** Date signed **Sept 2-40**

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

RECEIVED

District Health Officer No. 11,

District File Number -----

Date Filed -----

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. *832*

P. O. Address *Weston MA*

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, fact should be so stated above.