

18 1940

Mayfield

FILED OCT 18 1940

State File No. _____

Registration District No. _____

Primary Registration District No. 5801

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid
 (b) City or town Rural - East
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

 (If not in hospital or institution, write street number or location) 20
 (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 New Madrid
 (c) City or town Rural - East
 (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.

8. (a) PRINT FULL NAME Barbara Lou Winston

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased 7 429 1940
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 25 _____ hr. _____ min.

9. Birthplace Matthews Mo. R # 2 0
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Oscar Winston
 { 13. Birthplace Little Rock Ark.
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Mary Alexander
 { 15. Birthplace Osceola Ark.
 (City, town, or county) (State or foreign country)

16. (a) Informant J. A. Alexander
 (b) Address Matthews Mo. R # 2

17. (a) Burial (b) Date thereof 9/29/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director John Williams
 (b) Address Sikeston Mo.

19. (a) 10-7-1940 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 28
 year 1940 hour 9 minute PM.

21. I hereby certify that I attended the deceased from Sept 26, 1940, to Sept 28, 1940
 that I last saw h_____ alive on Sept 26, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Colitis

Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration _____
 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? _____

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

23. Signature [Signature] (M. D. or other) _____
 Address Sikeston Mo. Date signed Oct 3 1940

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

RECEIVED

District Health Officer No. 2

District File Number 1040-15

Date Filed 10/10/40

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.