

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34648**
Registrar's No. **4164**

Registration District No. **399**

Primary Registration District No. **1002**

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:
3211 Lockridge **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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3211 Lockridge
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Lucy M. Winter

(b) If veteran, name war None 3. (c) Social Security No. none

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

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

7. Birth date of deceased June 18 1858
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>82</u> | <u>4</u> | <u>11</u> | hr. _____ min. |

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Silas Hurlbett

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

14. Maiden name Amanda Baker

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Alice L. Sherburne

(b) Address 3211 Lockridge

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

(c) Place: burial or cremation Mt Moriah Cem.

18. (a) Signature of funeral director Mrs. G. L. Forster

(b) Address 918 Brooklyn St. C. Mo.

19. (a) 10-31-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th
year 1940 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from June 1939
June 1939, to Oct. 1940
that I last saw her alive on October 15th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration Duration 29 yrs -

Due to Hypertension + Arterio-sclerosis.

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

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 _____

23. Signature A. E. Scardew (M. D. or other) _____

Address 2603 Judyp Blvd Date signed 10-30-40

2603 Ind am.

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 *Theron B. Redmon*

Licensed Embalmer No. *2737*

P. O. Address *96 md*

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, fact should be so stated above.