

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36111**

Registration District No. **728**

Primary Registration District No. **5961**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Oakwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(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 Ralls
(c) City or town Oakwood
(If outside city or town limits, write "RURAL")
(d) Street No. 3500 Moberly
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5 year 1940 hour 9 minute 15 A. M.
21. I hereby certify that I attended the deceased from Oct. 1 - 1940 to Oct. 5, 1940
that I last saw him alive on Oct. 5, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Broncho-Pneumonia
Duration 4 days

Due to _____
Due to 1071W
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
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 E. R. Mathey (M. D. or other) _____
Address Harrison, MO Date signed 10/7/40

3. (a) PRINT FULL NAME John Haney Winn
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Inez Winn 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 14, 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Painter & Paper Hanger

11. Industry or business _____
12. Name Coleman S. Winn
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Adda Emily Haney
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Coleman S. Winn
(b) Address Wellsville, Mo.
17. (a) Burial (b) Date thereof 10/8/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Barkley Cemetery

18. (a) Signature of funeral director Stanford Smith
(b) Address 902 Broadway
19. (a) Oct 7 - 1940 (b) H. C. Frake
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 10

District File Number 11-40-2061

Date Filed NOV 8 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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Joseph J. Marsh

Licensed Embalmer No. 2232

P. O. Address Hannibal, Mo.

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.