No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2602

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 46

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: St. John Hosp. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether

In this community 10 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53

(c) City or town Lebanon (If outside city or town limits, write "RURAL") 1

(d) Street No. (If rural, give location) 2

(e) If foreign born, how long in U. S. A.? years. 1

3. (a) PRINT FULL NAME John L. Winfrey

3. (b) If veteran, name war No

3. (c) Social Security No. 494-18-9506

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ~~Gretta~~ Gretta Winfrey

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Sept 12th 1886 (Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Richland (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Banker

11. Industry or business

FATHER
12. Name John C. Winfrey
13. Birthplace Richland (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Margaret Anderson
15. Birthplace Richland (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs. J.L. Winfrey

(b) Address Lebanon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon, Missouri

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 1-16-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14 year 1941 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 4th, 1941, to Jan. 14, 1941; that I last saw him alive on Jan. 14, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma - Pancreas primary	3 mo.
Due to	
Due to	
Other conditions Liver Metastasis (Include pregnancy within 3 months of death)	6 weeks

Major findings:
Of operations
Of autopsy Confirmation of above

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? 9 94 (Specify type of place)

While at work? (e) Means of injury

23. Signature Francis B. Camp ~~(M.D. or other)~~ MD

Address Springfield Date signed 1-14-41

(Licensed Embalmer's Statement on Reverse Side)

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 F. D. Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield Ma

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

If this body is not embalmed, fact should be so stated above.