

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7064

State File No.

Registration District No. 14

Primary Registration District No. 241

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Winchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 306 W. Grant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 years (Specify whether
In this community 11 years years, months or days)

3. (a) PRINT FULL NAME

REBECCA S. DENNEY

3. (b) If veteran,
name war3. (c) Social Security
No.

4. Sex

F

5. Color or
race

W

6. (a) Single, widowed, married,
divorced6. (c) Age of husband or wife if
alive years

7. Birth date of deceased

Feb 14

1854

8. AGE:

Years

Months

Days

If less than one day

86

11

2

hr. min.

9. Birthplace

West Virginia

(City, town, or county)

(State or foreign country)

10. Usual occupation

Home work

11. Industry or business

Own home

12. Name

David Bowman

13. Birthplace

West Virginia

(City, town, or county)

(State or foreign country)

14. Maiden name

J. S. Schumann

15. Birthplace

Unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Clara M. Denny

(b) Address

Winchester, Mo.

17. (a)

Burial

(b) Date thereof

1-18-41

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Cremation

18. (a) Signature of funeral director

Leslie S. Hubbard

(b) Address

Winchester, Mo.

19. (a)

1-18-41

(b)

J. S. Schumann

(Date received local registration)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Winchester, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 306 W. Grant
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1941 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Dec 1
1940 to Jan 16, 1941
that I last saw her alive on Jan 16, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditis

Duration

2

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

none

Of autopsy

none

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) no
(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 Ray G. Jordan (M. D. or other)
Address Winchester, Mo. Date signed 1-16-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,
District File Number 9-41-432
Date Filed 3-5-41

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 Walter S. Hubbard

Licensed Embalmer No. 3552

P. O. Address Lansing, Mich.

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.