

No. 2
1-13-40
-17-39
X23159

Registration District No. AP 41 1941

Primary Registration District No. 3008

Registrar's No. 66

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hospital # 1. 96.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 yrs.
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME William M. Winn

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex md 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased D.K.
(Month) (Day) (Year)

8. AGE: Years about 62 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace marion Co. mo U
(City, town, or county) (State or foreign country)

10. Usual occupation D.K.

11. Industry or business D.K.

12. Name OK

13. Birthplace D.K. 1
(City, town, or county) (State or foreign country)

14. Maiden name D.K.

15. Birthplace D.K. 1
(City, town, or county) (State or foreign country)

16. (a) Informant County clerk Ralls Co

(b) Address New London, mo

17. (a) Removal (b) Date thereof 3-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia mo

18. (a) Signature of funeral director J. O. Roberts

(b) Address Columbia mo

19. (a) Mar 6, 1941 (b) R. N. Creve.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls Co

(c) City or town New London
(If outside city or town limits, write "RURAL")

(d) Street No. D.K.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1941 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 1, 1929, to March 5, 1941;
that I last saw him alive on March 5, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pt Bronch pneumonia Duration 3 days

Due to Generalized arteriosclerosis ?

Due to _____

Other conditions (Include pregnancy within 3 months of death) 101

PHYSICIAN

Major findings: _____

Of operations none

Of autopsy none

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? no

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature John J. Blöthner (M. D. or other) MD
Address Fulton, mo Date signed 3/16/41

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.....

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, fact should be so stated above.