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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10632

Registration District No. 4184 — Primary Registration District No. 305 — Registrar's No. 8

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

1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town Owensville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: — at Home. 8
(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 Mo. (b) County Gasconade
(c) City or town Owensville
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 40.0 years.

3. (a) PRINT FULL NAME Ida Winter
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Herman Winter
6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Aug. (Month) 15 (Day) 1874 (Year)

8. AGE: Years 66 | Months 6 | Days 10 | If less than one day — hr. — min.

9. Birthplace Lodz (City, town, or county) Poland (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER
12. Name Unknown Turick
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant John Giokshoff
(b) Address Rolla, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-41 (Month) (Day) (Year)
(c) Place: burial or cremation Owensville, Mo.

18. (a) Signature of funeral director Tappmeyer & Murray
(b) Address Owensville, Mo.

19. (a) — (Date received local registrar) (b) — (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1941 hour 10:15 minute — A. M.

21. I hereby certify that I attended the deceased from March 13, 1941, to March 25, 1941; that I last saw h.er alive on March 25, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Auricular Fibrillation	2 days
Due to Chronic Myocarditis	3 yrs.
Due to Arteriosclerosis	3 yrs.
Other conditions Chronic Hypertrophic Arthritis (Include pregnancy within 3 months of death)	6 yrs.

Major findings:
Of operations —
Of autopsy —

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? — (Specify type of place)
(e) Means of injury —
While at work?

23. Signature Paul A. Brenner, M.D. (M. D. or other)
Address Owensville, Mo. Date signed 3-27-41

(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 Robert M Murray

Licensed Embalmer No. 3749

P. O. Address Greenville 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.

. No. 2
—1-4-41
5-17-39
T X26390

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

ROW. 4 MCCRE

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BUREAU OF THE CENSUS

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STANDARD CERTIFICATE OF DEATH

State File No. 10632

Registration District No. 305 — Primary Registration District No. 4184 — Registrar's No.

1. PLACE OF DEATH:

(a) County Gasconade

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ida Winters

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

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

8. AGE: Years	Months	Days	If less than one day
66	6	10	hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 3-25-41 (Date received local registrar) (b) Robert M Murray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;
that I last saw h... alive on ....., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Paul H. Brewer (M. D. or other)
Address Owensville Date signed

SUPPLEMENTARY

(Licensed Embalmer's Statement on Reverse Side)

1941
5-10632

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 wit the above constitutes grounds for revocation of license.)

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