

No. 2
-13, '40
1.
X231597

MAY 13 1941

STANDARD CERTIFICATE OF DEATH

13936

State File No.

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 412

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
809 Robidoux
(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 19 Years

3. (a) PRINT FULL NAME George W. Winters
 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 Ida Winters
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 27 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 13
If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John C. Winters
 13. Birthplace unknown Indiana
(City, town, or county) (State or foreign country)
 14. Maiden name Nancy Baugh
 15. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Bell McKee
 (b) Address 1724 S. 23rd St. Joseph, Mo.

17. (a) Burial (b) Date thereof 4-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.
 (b) Address St. Joseph, Mo.

19. (a) April 14-1941 (b) H. F. Mundy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 809 Robidoux
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
 year 1941 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from on
April 10, 1941, to _____, 19____;
 that I last saw her
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
 Due to 4
 Due to 94 W
 Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
 Of operations —
 Of autopsy no

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?
85
 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. F. Mundy (M. D. or other) Coroner
 Address 404 So 3rd St. JOSEPH Date signed 7-14-41

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

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, me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address. St Joseph M

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.