No. 2
3-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14815

Registration District No. 400 Primary Registration District No. 5553 Registrar's No. 72

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Prairie Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home Faith Agent & Infirm (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years (Specify whether years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas city 3 (If outside city or town limits, write "RURAL")
(d) Street No. 718 West 11th St 8 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years. 1

3. (a) PRINT FULL NAME George Winders
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Aug (Month) 12 (Day) 1862 (Year)
8. AGE: Years 78 Months 7 Days 15 If less than one day ____ hr. ____ min.
9. Birthplace Unknown (City, town, or county) Maryland (State or foreign country)
10. Usual occupation Broker
11. Industry or business Unknown
FATHER 12. Name Unknown
13. Birthplace Unknown (City, town, or county) ? (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) ? (State or foreign country)
16. (a) Informant W. F. McCarthy
(b) Address Little Blue, Mo
17. (a) Anatomical (Burial, cremation, or removal) (b) Date thereof 4-9-41 (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical
18. (a) Signature of funeral director W. B. Langford
(b) Address Lee Summit Mo
19. (a) 4/9/41 (Date received local registrar) (b) Lew G. Burnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27 year 1941 hour 5 minute a. M.
21. I hereby certify that I attended the deceased from 3/14-41 to 3/27, 1941, to —, 19__; that I last saw h. — alive on 3/26, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis
Due to Senility
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 J. N. Greene (M. D. ~~or other~~)
Address Independence Mo Date signed 3/29-41

(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 N. B. Langford

Licensed Embalmer No. 3833

P. O. Address Lees Summit Mo

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.