

DEPARTMENT OF COMMUNITY AND PUBLIC AFFAIRS
BUREAU OF THE CENSUS
MAY 21 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15463**
Registrar's No. **788/33**

Registration District No. **668** Primary Registration District No. **3092**

1. PLACE OF DEATH:
(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
902 South Kentucky
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **15 years** (Specify whether years, months or days)
In this community **15 years**

3. (a) PRINT FULL NAME **Mrs. Cora E. Winch**
(b) If veteran, name war **none**
(c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Albert W. Winch** (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **October 3, 1886** (Month) (Day) (Year)

8. AGE: Years **54** Months **6** Days **13** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER
12. Name **Phillip R. Schnabel**
13. Birthplace **Cole Camp, Missouri** (City, town, or county) (State or foreign country)
14. Maiden name **Lillie Bennett**
15. Birthplace **unknown Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Albert W. Winch**
(b) Address **unknown, Missouri**

17. (a) **Burial** (b) Date thereof **April 18, 1941** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ionia Cemetery**

18. (a) Signature of funeral director **Dwaine Curing**

(b) Address **Sedalia, Missouri**

19. (a) **4-18-41** (b) **Mrs. Harry Snel** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia** (If outside city or town limits, write "RURAL")
(d) Street No. **902 South Kentucky** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **16** year **1941** hour **4** minute **15** P.M.

21. I hereby certify that I attended the deceased from **3/24** 19**41** to **4/16** 19**41**
that I last saw him alive on **4/16** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes Mellitus** Duration **10-15 yrs.**

Due to **61**

Due to

Other conditions **gangrene both feet with Sepsis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? Means of injury

23. Signature **W. T. Boger** (M. D. or other) **MD**
Address **Sedalia Mo.** Date signed **4/18/41**

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-19-41

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.....

John E. Myers

Licensed Embalmer No. 3220

P. O. Address Sedalia, 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, fact should be so stated above.