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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **-21434-**
Registrar's No. **59**

Registration District No. **201** Primary Registration District No. **5280**

1. PLACE OF DEATH:
(a) County **Unknown Co**
(b) City or town **Liberty**
(c) Name of hospital or institution: **3 miles East of Randolph**
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County **24**
(c) City or town **Unknown**
(d) Street No. _____
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME **Unknown**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH, **May 14, 1941**
21. I hereby certify that I attended the deceased from _____
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

4. Sex **Male**
5. Color or race **W**
6. (a) Single, widowed, married, divorced **9**
6. (c) Age of husband or wife if alive _____ years

Immediate cause of death **Drowning**
Due to _____
Other conditions _____
Major findings: **Coroner**

7. Birth date of deceased **Unknown**
8. AGE: Years _____ Months _____ Days _____
9. Birthplace _____

Duration _____
Due to _____
Other conditions _____
Major findings: **Coroner**
Of operations _____
Of autopsy _____
PHYSICIAN _____

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____
14. Maiden name _____
15. Birthplace _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accident**
(b) Date of occurrence **?**
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **?**
While at work? _____
23. Signature **R. W. Pothier**
Address **Exclusive Springs**

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____
(c) Place: burial or cremation **Clay Co. Burial**
18. (a) Signature of funeral director **Liberty**
(b) Address _____
19. (a) **5/20/41** (b) **Debra Carly**

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

RECEIVED
District Health Officer No. 8,
District File Number 17-9-41
Date Filed

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.....

not embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 3934

P. O. Address Liberty 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21434

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 59-

1. PLACE OF DEATH:

(a) County _____
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Found in Mo. River 1/2 mi
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
East of Randolph Mo (Specify whether
In this community _____
years, months or days _____)

3. (a) PRINT FULL NAME Winkerson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year _____

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

8. AGE: Years approximately 60 Months _____ Days _____ If less than one day _____ hr _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name (City, town, or county) (State or foreign country)

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

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

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 _____

20. DATE OF DEATH Month May day 14 year _____ hour _____ minute _____ M.

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

Immediate cause of death Wagoning in Duration _____
Mo. River 1/2 mi
East of Randolph Mo

Due to _____
Due to By query - O.K.

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

Major findings: Of operations _____
Of autopsy _____
183-3
26

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 Coroner (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

