

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Winn 27412
State File No. 3070

SEP 12 1948

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson,

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

(c) Name of hospital or institution:
St. Mary's Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months,
(Specify whether years, months or days)

In this community Since 1881, 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Samuel S. Winn,

3. (b) If veteran, name war no.

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Helen T. Winn,

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

7. Birth date of deceased July 25 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>0</u>	<u>19</u>	hr. min.

9. Birthplace Georgia, 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired,

11. Industry or business Trust Officer,

MOTHER FATHER

12. Name John Winn,

13. Birthplace Georgia, 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Brown,

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

16. (a) Informant Howard H. Winn,

(b) Address Kansas City, Mo.

17. (a) Burial, (b) Date thereof 8-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 8235 Gillham Plaza, K. C., Mo.

19. (a) 8/14/41 (b) M. H. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Missouri, (b) County Jackson,

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

(d) Street No. 3242 Flora,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th,
year 1941 hour 2:22 minute A. M.

21. I hereby certify that I attended the deceased from Aug 13 1941 to Aug 13 1941
that I last saw him alive on Aug 13 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis, Coronary Arteriosclerosis, Atherosclerosis
Due to Heart & Coronary Arteries
Due to —

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

Major findings: —
Of operations —

Of autopsy no 930

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) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

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

23. Signature W. P. Miller (M. D. or other) D
Address Boonville Date 8/13/41

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

Dr. C. G. Vincent

Aug 10 1914

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 *Felix Remy*

Licensed Embalmer No. *4127*

P. O. Address *Kansas City, 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.