

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 404

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff *City*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
422 North B. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL") 3
(d) Street No. 422 North B.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20
year 1941 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 1 -
1941 to Oct 20 1941;
that I last saw him im alive on Oct 17 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to unknown
Duration 20 days

Due to _____
Other conditions 1/20
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury 0
23. Signature J. B. Kreicher (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed 10/24/41

3. (a) PRINT FULL NAME Guy Raymond Winder

3. (b) If veteran, name war _____ 3. (c) Social Security No. 486-14-7679

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Irene Williams Winder 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased: Feb. 20 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 8 0 hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business Store

MOTHER FATHER { 12. Name Oscar Winder
13. Birthplace Wayne Co Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lola Edwards Tennessee
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irene Winder
(b) Address Poplar Bluff, Missouri
17. (a) Burial (b) Date thereof 10-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Greer Crox Service
(b) Address Poplar Bluff, Missouri
19. (a) 10-25-41 (b) Belle Kinne
(Date received local registrar) (Registrar's signature)

T. J. (Licensed Embalmer's Statement on Reverse Side)

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

1273

W.K.

RECEIVED

District Health Office No. 2,

District File Number 1141-1469

Date Filed 11/3/41

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.....

Wallace N. Fitch

Licensed Embalmer No.

3859

P. O. Address.....

Poplar Bluff, 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.