

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38801

Registration District No. 533

Primary Registration District No. 3027

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Macon
 (b) City or town macon miss
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: -1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____
years, months or days)3. (a) PRINT FULL NAME Milton Winkler

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Hellie Winkler 6. (c) Age of husband or wife if7. Birth date of deceased Sept. 24 1880
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
61 1 25 hr. min.9. Birthplace Macon Co. Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name Wm Winkler
13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Sarah Thrift
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)16. (a) Informant Hellie Winkler(b) Address Macon, Missouri17. (a) Burial (b) Date thereof Nov. 21 - '41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Antioch Cemetery18. (a) Signature of funeral director Albert Skennier(b) Address Macon, Missouri19. (a) 11/29/41 (b) Seaton Kentucky Loden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon
 (c) City or town Macon
 (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? Y (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1941 hour 11:15 minute 2 M.21. I hereby certify that I attended the deceased from Nov 14 1941, to Nov 19 1941;
that I last saw him alive on Nov 19 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Heart Failure Duration 1 wk.Due to Myocardial Degeneration ?

Due to _____

Other conditions Secondary anemia
(Include pregnancy within 3 months of death)Major findings: Of operations 938

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 JI23. Signature E. S. Hensinger (M. D. or other) DOAddress 122 Bonkrest Macon Mo Date signed Nov 23, 1941

1037

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 12-41-2150

Date Filed DEC 10 1941

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.....

Paul Q. Ballou

Licensed Embalmer No. 4306

P. O. Address... Macon, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.