

Registration District No. 19

Primary Registration District No. 5025

1. PLACE OF DEATH:
 (a) County Atchison
 (b) City or town Rockport
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: County Home 5
(If not in hospital or institution, write street number or location)
Institution 5
 (d) Length of stay: In hospital or institution 59 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Atchison
 (c) City or town Westboro
(If outside city or town limits, write "RURAL")
 (d) Street No. Mo
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 10
 year 1942 hour 12 minute 20 M.
 21. I hereby certify that I attended the deceased from Nov. - 15 - 41 to Jan 10 - 42, 19____;
 that I last saw him alive on Jan. - 9 - 42, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Carrie Winne
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: March, 9th 1851
(Month) (Day) (Year)

Immediate cause of death: Secondary anaemia
 Duration I Mon.
 Due to Influenzia I Mon.

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>10</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace New York
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Farmer

Due to 330
 Other conditions 330
(Include pregnancy within 3 months of death)

MOTHER FATHER
 11. Industry or business _____
 12. Name Frances Winne
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Russell Hopkins
 (b) Address Westboro, Missouri
 17. (a) Burial (b) Date thereof Jan-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Walden Grove
 18. (a) Signature of funeral director _____
 (b) Address Westboro, Missouri
 19. (a) Jan 20, 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 D
 23. Signature [Signature] (M. D. or other) _____
 Address [Signature] Mo Date signed 1-42

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

3
 2
 0

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.....

.....**Scott Tucker**....., Registered Apprentice No.....
working under my personal supervision.

Scott Tucker

Signed: *Scott Tucker*

Licensed Embalmer No. **2824**

P. O. Address.....

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.