

Registration District No. 7651118

Primary Registration District No. 44-606010

Registrar's No. 5

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Gustis MO

(c) Name of hospital or institution: _____
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Clair

(c) City or town Gustis MO
(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 _____

3. (a) PRINT FULL NAME Elnora Wingfield

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25 year 1941 hour 12 minute 15 M.

4. Sex fm 5. Color or race wht

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

6. (b) Name of husband or wife Edmore Wingfield

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

7. Birth date of deceased Aug 3, 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 23, 1941 to Dec. 25, 1941; that I last saw her alive on Dec. 25, 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 4 Days 22
If less than one day _____ hr. _____ min.

Immediate cause of death Respiratory Failure

Due to Myocardial Insufficiency years _____

Due to _____

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

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

Major findings: 932

Of operations _____

Of autopsy _____

10. Usual occupation Wife

11. Industry or business _____

12. Name Benj Sharp

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

14. Maiden name Sharp

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

16. (a) Informant Ben Wingfield

(b) Address Gustis MO

17. (a) burial (b) Date thereof 12/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robinson Cem

18. (a) Signature of funeral director JR Luster

(b) Address Wheatland MO

19. (a) 2/17/42 (b) Dorothy Georges
(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 _____

23. Signature Wm Gail R. Easton or other MO

Address Thaubleau MO Date signed Dec. 27 1941

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1300

RECEIVED

District Health Officer No. 7,

District File Number 3-42-219

Date Filed 3-9-42

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

J.R. Luckey

Licensed Embalmer No. 2982

P. O. Address Whitland MD

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.