. No. 2
—1-4-41
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P I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11348

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 77

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls 027
(c) City or town Oakwood
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME James Medley Winegar

3. (b) If veteran, name war —

3. (c) Social Security No. 702-05-6618

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Mollie Winegar

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased December (Month) 14 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	3	4	— hr. — min.

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

10. Usual occupation Engineer

11. Industry or business Wabash Railroad

FATHER
12. Name Samuel W. Winegar
13. Birthplace not known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frances Davis
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mollie Winegar
(b) Address Oakwood, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. (Month) 20 (Day) 1942 (Year)
(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director Roy P. Schwartz
(b) Address 1000 Edwy, Hannibal, Mo.

19. (a) 3-26-1942 (Date received local registrar) (b) Robt W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1942 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from Mar 10 1942 to Mar 18 1942
that I last saw him alive on Mar 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Chr myocarditis

Due to

Other conditions Left Lt Sup pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

108

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

23. Signature [signature] (M. D. or other)
Address 1001 [illegible] Date signed

1146 (Licensed Embalmer's Statement on Reverse Side)

APR 13 1942

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 Roy P. Schwartz

Licensed Embalmer No. 1765

P. O. Address 100 Bdwy, Hannibal 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.