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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 11 1942

Registration District No. ~~[illegible]~~ 176 Primary Registration District No. ~~[illegible]~~ 56 ~~[illegible]~~ Registrar's No. ~~[illegible]~~ 21

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1283 days (Specify whether
In this community 1283 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene 2

(c) City or town Springfield 5
(If outside city or town limits, write "RURAL")

(d) Street No. 513 W. Kearney
(If rural, give location)

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

3. (a) PRINT FULL NAME Gladys Verna Winkler

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife F. H. Winkler

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

7. Birth date of deceased Feb. (Month) 6 (Day) 1901 (Year)

8. AGE:

Years	Months	Days	If less than one day
41	9	18	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charley Allen
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Laura Wommark
15. Birthplace Greene Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mr. Michael Record Clerk
(b) Address Mo. State San. Mt. Vernon Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 11/24/42 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield Mo.

18. (a) Signature of funeral director Dunn F. Home
(b) Address Springfield Mo.

19. (a) 11/24/42 (Date received local registrar) (b) Cindy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1942 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 21, 1939, to Nov. 23, 1942
that I last saw her alive on Nov 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary tuberculosis — Duration over 8 years

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

13 b

Major findings:
Of operations

Of autopsy Pulmonary tuberculosis & acute endocarditis

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

23. Signature Esther E. Coffman (M. D. ~~or other~~)
Address Mo State Sanatorium Date signed 11-24-42

118 (Licensed Embalmer's Statement on Reverse Side) Mt Vernon Mo.

RECEIVED
District ... Officer No. 6,
District File Number 1242-1719
Date Filed DEC 9 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 Embalmed, Registered Apprentice No. , working under my personal supervision.

Signed: Frank Grable Jr.

Licensed Embalmer No. 4148

P. O. Address Springfield, Ore

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.