S. No. 2
1—9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2963

State File No.

FILED FEB 11 1943

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 6

73
3
2

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

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sale Bowman O
(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 Missouri (b) County Newton
(c) City or town Neosho
(If outside city or town limits, write "RURAL")
(d) Street No. South Jefferson
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Steven James Winkle
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or Race O White
6. (a) Single, widowed, married, divorced O Infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 15th (Day) 1943 (Year)

8. AGE: Years — Months — Days — If less than one day 10 hr. 16 min.

9. Birthplace Neosho (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Robert J Winkle
13. Birthplace Toledo (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Dorthy Jean Fuller
15. Birthplace (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Robert J Winkle
(b) Address Camp Crowder, MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 16 (Day) 1943 (Year)
(c) Place: burial or cremation 1007 Cemetery
18. (a) Signature of funeral director Bighams
(b) Address Neosho Missouri
19. (a) 1-30-1943 (Date received local registrar) (b) Carley Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1943 hour 11 minute A M.
21. I hereby certify that I attended the deceased from 1-15-43
, 19 , to 1-16 , 1943
that I last saw him alive on 1-16 , 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephlis
Due to Premature Birth
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration 1 Day

159

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 Arnold Sale (M. D. or other) 1/16/43
Address Neosho Mo Date signed

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(Licensed Embalmer's Statement on Reverse Side)

Date Received FEB 6 1943
File no. -143-9

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Neosho Missou

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.