

FILED JAN 18 1943
Registration District No. 324

Primary Registration District No. 3072

State File No.

Registrar's No. 189

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0

(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)

3. (a) PRINT FULL NAME HENRY WINFIELD

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race 2 Negro 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband Alice Winfield 6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Unknown hr. min.

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

10. Usual occupation Food carrier

11. Industry or business Contractor

12. Name James Winfield

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

14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Isaac Foy

(b) Address 2156 E. 5th St. St. Louis 9 Mo.

17. (a) Marshall (Burial, cremation, or removal) (b) Date thereof 12-5-42
(Month) (Day) (Year)

(c) Place: burial or cremation Marshall

18. (a) Signature of funeral director F. S. Ferguson

(b) Address Bedalia

19. (a) 12-5-42 (Date received local registrar) (b) MO P. O. Westbrook (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline

(c) City or town Marshall
(If outside city or town limits, write "RURAL.")

(d) Street No. 4318 West
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29th
year 1942 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from Nov. 23
1942 to Nov 29 1942
that I last saw him alive on Nov. 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Sclerosis

Due to.....

Other conditions..... (Include pregnancy within 3 months of death) 94a

Major findings: Of operations.....

Of autopsy.....

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 W. H. Madison (M. D. or other).....

Address Marshall Mo. Date signed 12-5-42

Duration

Don't know

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-15-43

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, F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.