

State File No. **3692**

Primary Registration District No. _____

Registrar's No. _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County SHANNON
(c) City or town WINONA
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) Mo.

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

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 30
year 1943 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from 1-4-48
 _____, 19____, to 1-20-, 1948
 that I last saw her alive on 1-20-48, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Bubonic Paratyphoid ^{Duration} 30 d

Due to _____

Due to _____

Other conditions: _____

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

Major findings:
Of operations _____

Major findings:
Of operations.

Of course,

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)

(2) Big injury accounts of about 100,000, on farm, in industrial power, in public places

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

23. Signature W.T. Endy (M.D. or other) _____
Address Greenville Date signed 2-1

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District 1 - 1st Officer No. 5,

District File : b. 243110

Date Filed 2-28-43

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 1-31-4
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Philip A. Leech

Licensed Embalmer No. 2936

P. O. Address Van Buren 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.