

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 12 1943  
Registration District No. 91

Primary Registration District No. 4433

Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County: PUT NAME

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year. (Specify whether years, months or days)

In this community 1 year. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Pettus

(c) City or town: Unionville, MO.  
(If outside city or town limits, write "RURAL")

(d) Street No. 1  
(If rural, give location)

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

3. (a) PRINT FULL NAME: WINFORD JOSIE PA WEATHERFORD

3. (b) If veteran, name war: ✓

3. (c) Social Security No. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1943 hour 11:24 minute 20 M.

21. I hereby certify that I attended the deceased from Jan 26 1943 to Jan 26 1943

that I last saw him alive on Jan 26 and that death occurred on the date and hour stated above.

4. Sex: M

5. Color or race: W.

6. (a) Single, widowed, married, divorced: 2 divorced W.

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

7. Birth date of deceased: Feb 3 1876  
(Month) (Day) (Year)

Immediate cause of death: Cerebral

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: g3a!  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

8. AGE: Years 66 Months 11 Days 23  
If less than one day hr. min.

9. Birthplace: 66-19 Vietnam Co. MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Minerment worker

11. Industry or business: Book keeper

12. Name: HARBARD WEATHERFORD

13. Birthplace: MO.  
(City, town, or county) (State or foreign country)

14. Maiden name: MARTHA S. SHULTS

15. Birthplace: MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Bertha Crumpacker

(b) Address: Unionville, MO.

17. (a) Burial (b) Date thereof: Jan 28-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Unionville, MO.

18. (a) Signature of funeral director: [Signature]

(b) Address: Unionville, MO.

19. (a) 7/2/43 (b) [Signature]  
(Date received local registrar) (Signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature: G. A. Montgomery (M. D. or other) \_\_\_\_\_

Address: Unionville, MO. Date signed: Jan 26

OCT 8 1945

MAR 17 1948

MAR 25 1948

MAR 24 1948

RECEIVED

District Health Officer No. 10

District File Number 3-43-519

Date Filed MAR 11 1948

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 Marcel E. Husted

Licensed Embalmer No. 5304

P. O. Address Unionville, 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.