S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9357

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1353

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: i2I2 Holmes /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 65 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. I2I2 Holmes
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Charles D. Wineger

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Reba Winegar

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Sept. (Month) I9 (Day) I874 (Year)

8. AGE: Years 68 Months 5 Days 27 If less than one day hr. min.

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

10. Usual occupation Truck driver

11. Industry or business retired -

FATHER
12. Name Geo Winegar
13. Birthplace no record (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name no record
15. Birthplace no record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Reba Winegar
(b) Address I2I2 Holmes

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-I8-43 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 9I8 Brooklyn

19. (a) 3-18-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year 1943 hour 5 minutes 50 p.M.

21. I hereby certify that I attended the deceased from Feb 1st, 1943, to March 16th, 1943
that I last saw him alive on March 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis
Mitral Regurgitation, arrhythmia

Due to Focal Infection
131a

Due to

Other conditions Chronic Interstitial Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Harry W. Dugay (M. D. or other) D
Address 1401 Prospect Date signed 3-19-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Dugay

14 & Prospect.

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 R. H. Runnels

Licensed Embalmer No. 3860

P. O. Address 1318 E. 28th St., K. C., 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.