

FILED JUL 24 1943

Registration District No. 1

Primary Registration District No. 3420

Registrar's No. 179

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

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution Laughlin Hospital
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether lifetime, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair

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

(d) Street No. 315 E. Wash
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Sales W. Winn

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1943 hour 6 minute 50 A.M.

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

21. I hereby certify that I attended the deceased from April 24-1942 19... to July 6 1943;
that I last saw her alive on July 5 1943;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Sales W. Wynon 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Oct 2 1887
(Month) (Day) (Year)

Immediate cause of death METASTATIC CARCINOMA INTO LIVER -

8. AGE: Years 55 Months 9 Days 4 hr. min.

Due to CARCINOMA PRIMARY IN L. BREAST WITH EXTENSION INTO L. AXILLA, etc

9. Birthplace Scotland County Mo
(City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

Major findings: CA OF BREAST

11. Industry or business Domestic

12. Name Frances Jewell

13. Birthplace DK Ill
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Hecker

15. Birthplace DK - DK - 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. R. Luxton

(b) Address Kirkville, Mo.

17. (a) Burial (b) Date thereof 7-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Burial

Of operations CA OF BREAST

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?.....

18. (a) Signature of funeral director Paul Funeral Home

(b) Address Kirkville, Mo.

19. (a) 7/9/43 (b) Mrs. J. L. Wynon
(Date received local registrar) (Registrar's signature)

While at work? ✓ (Specify type of place)

(e) Means of injury ✓

23. Signature Paul Laughlin Jr. DO (M.D. or other) DO

Address Kirkville, Mo Date signed 7-8-43

JUL 28 1943

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. J. Rison
.....
Licensed Embalmer No. *1497*
.....
P. O. Address *Knoxville Tenn*

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.