

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41762
Registrar's No. 1386

Registration District No. 5 Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1612 no 20 /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mo
In this community 5 mo (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Miss Kansas (b) County Atchison
(c) City or town Atchison
(If outside city or town limits, write "RURAL")
(d) Street No. R 2 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME O'Tillie Caroline Winkler

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 19 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 1 29 hr. min.

9. Birthplace Atchison Kans
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Carl unknown
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Louise unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ruth Martin

(b) Address St Joseph, Mo

17. (a) Removal (b) Date thereof 12-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Atchison Kans

18. (a) Signature of funeral director Fleeman Tson Inc

(b) Address St Joseph Mo

19. (a) 12-18-43 (b) Rose Hergog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1943 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 22 1943 to December 18 1943
that I last saw her 22 alive on December 7, 1943, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left breast with generalized metastases
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 50
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? _____

While at work? _____ (Specify type of place) (c) Means of injury 0

23. Signature M. Hill (M. D. or other) _____
Address St. Joseph, Mo. Date signed 12/20

Duration 2 yr.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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.....

Robert L. Gaph

Licensed Embalmer No. *3308*

P. O. Address *St. Joseph, 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.