. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43922

FILED JAN 10 1944

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 20

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Slater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community All His Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town Slater
(If outside city or town limits, write "RURAL")
(d) Street No. 221 LeRoy
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME William Edward Winning
3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Gaunt Winning
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased October 27 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 3 If less than one day hr. min.

9. Birthplace Near Miami Saline Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Samuel Winning
13. Birthplace Virginia Berkley Co
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Rogers
15. Birthplace Near Miami Saline Co Mo
(City, town, or county) (State or foreign country)
16. (a) Informant Sam Winning
(b) Address Slater Mo
17. (a) Bethel-Burial (Burial, cremation, or removal) (b) Date thereof 1-1-44 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel-Near Simon
18. (a) Signature of funeral director Jones & Salger
(b) Address Slater Mo
19. (a) 1-3-1944 (Date received local registrar) (b) Mrs. John Giger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1943 hour 4 minute 45 A M.
21. I hereby certify that I attended the deceased from July 28, 1943, to 12/29-43, 19 ; that I last saw him alive on 12/29 43, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Type Stated Pneumonia	24
Due to Acute Influenza	5 day
Due to Senility	2 yr
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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) None
(b) Date of occurrence None
(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? None
(Specify type of place)
While at work? No (e) Means of injury ✓
23. Signature W E Lockwood MD (M. D. or other)
Address Slater Mo Date signed 12/30/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-7-44

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 Jas E Jones

Licensed Embalmer No. 3143

P. O. Address Slater 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.