

Registration District No. 155

Primary Registration District No. 5578

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin, Mo.
(c) Name of hospital or institution:
3003 E. Ninth Street
(d) Length of stay: In hospital or institution 2 months
In this community 2 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 3003 E. Ninth Street
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Richard Ray Winters

3. (b) If veteran, name war none (c) Social Security No. none

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

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

7. Birth date of deceased November 17, 1943

8. AGE: Years 0 Months 2 Days 7 If less than one day hr. min.

9. Birthplace Joplin Missouri

10. Usual occupation infant

11. Industry or business

12. Name Woodrow Winters

13. Birthplace Stella Missouri

14. Maiden name Juanita Ellis

15. Birthplace Monett Missouri

16. (a) Informant Woodrow Winters

(b) Address 3003 E. 9th, Joplin, Mo.

17. (a) burial (b) Date thereof 1-26-44

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) Jan. 25, 1944 Mrs. Willie Eagle

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24 year 1944 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him on 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal obstruction

Due to

Due to

Other conditions: 122 f. 2

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?
(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

23. Signature: W. B. Red Star (M. D. or other) Address: Carthage, Mo. Date: Jan 24, 44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

44-1-127

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.