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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. 3668

FILED FEB 23 1944

Registration District No. 230 Primary Registration District No. 5810 Registrar's No. 1

1. PLACE OF DEATH:
(a) County Montgomery Co.
(b) City or town Bluffton, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 75-10-6
years, months or days)

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

3. (a) PRINT FULL NAME Leroy Winn,
3. (b) If veteran, name war XX
3. (c) Social Security No. XX
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 28th (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
75	10	6	hr. min.

9. Birthplace Bluffton, Mo. Rural (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name William McRoberts Winn,
13. Birthplace Fleming, (City, town, or county) Ky. (State or foreign country)
14. Maiden name Mary J. Glover,
15. Birthplace Callaway Co, (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mary Lee Winn,
(b) Address Montgomery City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6th, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery
18. (a) Signature of funeral director Barton Dale
(b) Address Americus, Mo.
19. (a) Jan 6, 1944 (Date received local registrar) (b) Mrs Frank Overkamp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th year 1944 hour 10 minute 50 A. M.
21. I hereby certify that I attended the deceased from Jan. 1, 1944, to Jan. 4, 1944, that I last saw him alive on Jan. 1, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	3 days
Due to Influenza	about 1 week
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 33a
Of autopsy

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
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) (e) Means of injury
23. Signature O. R. Rauschelbach (M. D. or [redacted])
Address Rhineland Mo. Date signed 1-5-44

1334 (Licensed Embalmer's Statement on Reverse Side)

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 D.B.Baker, Registered Apprentice No. , working under my personal supervision.

Signed D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.