

FILED FEB 24 1944

Registration District No. 199

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 711 Forest 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 711 Forest
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA M. WINFREY

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

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife B. Winfrey 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased 10 - 14 - 1900
(Month) (Day) (Year)

8. AGE: Years 53 Months 3 Days 20 If less than one day _____ or _____ min.

9. Birthplace Salem Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Self

MOTHER FATHER { 12. Name R. S. Hill
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Mary Hill
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant O. E. Swan
(b) Address 1701 7th Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-44
(Month) (Day) (Year)

(c) Place: burial or cremation not Home - KC

18. (a) Signature of funeral director [Signature]

(b) Address 1200 N. E. Brown

19. (a) 2-7-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 4
year 44 hour 5:00 minute _____ M.

21. I hereby certify that I attended the deceased from Crown, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart

Due to Arteriosclerotic heart
Due to Arteriosclerotic heart

Other conditions (Include pregnancy within 3 months of death)

Major findings of operations 93d

Of autopsy Inspection & history

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)
(c) 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 2/5/44

23. Signature [Signature] (M. D. or D. O.)
Address _____ Date signed _____

Duration

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 *Peter G. Lopez*
Licensed Embalmer No. 4273
P. O. Address KC 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.