S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1944

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7245

Primary Registration District No. 2000

Registrar's No. 2.04

1. PLACE OF DEATH: GREENE
(a) County
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1110 W. Walnut /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community [illegible] time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield,
(If outside city or town limits, write "RURAL")
(d) Street No. 1110 W. Walnut
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Robert Winegardner

3. (b) If veteran, name war No

3. (c) Social Security No. Unk.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence Winegardner

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased February (Month) 23 (Day) 1867 (Year)

8. AGE: Years 77 Months XX Days 5 If less than one day hr. min.

9. Birthplace Bloomington (City, town, or county) Ind. / (State or foreign country)

10. Usual occupation Retired Frisco Employee

11. Industry or business

FATHER
12. Name Sam Winegardner
13. Birthplace Unknown (City, town, or county) Unk. 9 (State or foreign country)

MOTHER
14. Maiden name Beckey Buckmaster
15. Birthplace Unknown (City, town, or county) Unk. 9 (State or foreign country)

16. (a) Informant Mrs. Florence Winegardner
(b) Address 1110 W. Walnut, Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address Springfield, Mo.

19. (a) 2-29-44 (Date received local registrar) (b) O. W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28th.
year 1944 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from August 16, 1943, to February 28, 1944; that I last saw him alive on February 28, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Insufficienty	months
Due to Arterioclerosis	yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93 x 2

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

23. Signature [illegible] (M. D. or other)
Address Spfd., Mo. Date signed 2-29-44

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed C. D. McGrath

Licensed Embalmer No. 2 & 9/1

P. O. Address.....

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.