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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED APR 7 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10257

State File No.

Registration District No.

Primary Registration District No. 3000

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Stickler Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution two days
(Specify whether years, months or days)

In this community 15 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirkville
(If outside city or town limits, write "RURAL")

(d) Street No. 601 E. Washington
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Relda Winette

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1944 hour 6 minute 55 A. M.

21. I hereby certify that I attended the deceased from March 23, 19 44 to March 25, 19 44,
that I last saw her alive on March 25, 19 44
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race White

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

(b) Name of husband or wife D. W. Winette (c) Age of husband or wife if alive 81 years

7. Birth date of deceased February 10, 1865
(Month) (Day) (Year)

Immediate cause of death apoplexy

Due to

8. AGE: Years Months Days If less than one day

79 1 15 .. hr. .. min.

Due to

Other conditions (include pregnancy within 3 months of death) § 3a

9. Birthplace Trimble County Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Domestic

12. Name James L. Wheeler

13. Birthplace Trimble County Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Bain

15. Birthplace DK Va.
(City, town, or county) (State or foreign country)

16. (a) Informant D. H. Winette
(b) Address Kirkville, Mo.

17. (a) Burial (b) Date thereof 3/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Plata Cemetery

18. (a) Signature of funeral director Miss. Funeral Home
(b) Address Kirkville, Mo.

19. (a) 3/30/44 (b) Miss J. Wagner
(Date received local registrar) (Registrar's signature)

Major findings: Of operations

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

(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 R. J. Stickler (M. D. or other) MD
Address Kirkville Mo Date signed 3-29-44

RECEIVED

District Health Officer No. 10

District File Number 4-44-712

Date Filed APR 6 1944

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..... *A. J. River*

Licensed Embalmer No. 1407

P. O. Address. Kirkville, 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.