

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18301 ✓

State File No. _____

FILED MAY 10 1944
Registration District No. _____

Primary Registration District No. 5522

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Jackson County Home for Aged
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mo. 6 day
(Specify whether years, months or days)

In this community 3 mo. 6 da. (Specify whether 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. 523 Grand St
(If rural, give location)

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

3. (a) PRINT FULL NAME Paul Stephen Winkle

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 25
year 1944 hour 3:15 minute P M.

4. Sex M D 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec. 15 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2/1 1944 to 4/25 1944
that I last saw him alive on 4/25 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 3 10 hr. _____ min.

Immediate cause of death Chronic myocarditis
Duration _____

9. Birthplace Benton Iowa
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation Chaf

Other conditions (Include pregnancy within 3 months of death) 93d

11. Industry or business University Club

Major findings: Of operations _____

12. Name Paul Stephen Winkle

Of autopsy _____

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Records Jackson County Home

(b) Address Rt. 4, Independence, Mo.

17. (a) Burial (b) Date thereof 5-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys RC, Independence, Mo.

18. (a) Signature of funeral director W. B. Grogan

(b) Address 1015 S. Summit St. Independence, Mo.

19. (a) Apr 29 1944 (b) F. M. Schick
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature J. D. Greene (M. D. or other) _____

Address Independence, Mo. Date signed 4/26/44

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

1162

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.....

W B Langford
.....
Licensed Embalmer No. *9823*
P. O. Address *Leis Summit*

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.