

FILED JAN 15 1945

Registration District No. 28

Primary Registration District No. 5408

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Douglas  
(b) City or town Coldsprings, Rural McMurtery  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34  
(c) City or town Coldsprings Rural 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_ 11

3. (a) PRINT FULL NAME

John C. Winfrey

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Zellia M. Winfrey 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased October 2, 1869  
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Wm. Henry Winfrey  
13. Birthplace Tenn. (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Kenurick  
15. Birthplace Cooper County, Missouri (City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Edith Winfrey Russell  
(b) Address 1809 Zeller's Lane, Burlington, Va  
17. (a) Burial (b) Date thereof 12-20-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkingbeard Funeral H.  
(b) Address Ava, Missouri

19. (a) 17-30-44 (b) Lula Spudlock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28  
year 1944 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec 15  
19 44 to Dec 28 19 44  
that I last saw him aw alive on Dec 27 19 44  
and that death occurred on the date and hour stated above.  
Immediate cause of death, acute Myo Carditis Duration

Due to Influenza 3670

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
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? \_\_\_\_\_

20 While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury 3

23. Signature R M. Hanna (M. D. or other) \_\_\_\_\_  
Address Ava, Mo. Date signed Jan 1/45

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

34  
0  
0

RECEIVED

District Health Officer No. 6;

District File Number 145-21

Date Filed JAN 11 1945

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. Hutchinson*

Licensed Embalmer No.

3431

P. O. Address

*Over 2nd*

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.