

No. 2
8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41362

State File No. _____
Registrar's No. 142

FILED DEC 28 1944
Registration District No. 28

Primary Registration District No. 5572

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Lees Prairie
(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 1 yr 7 mos
In this community 2 yrs (Specify whether years, months or days) 5

3. (a) PRINT FULL NAME Roger Winburn
3. (b) If veteran, name war WW
3. (c) Social Security No. no

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced Separated
6. (b) Name of husband or wife Paul Winburn 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased 1-21-1884
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Lees Summit Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Wm C Winburn

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

14. Maiden name Samantha Barnett

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

16. (a) Informant Lees Jackson County Home

(b) Address Rt 1 Independence Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-44
(Month) (Day) (Year)

(c) Place: burial or cremation Lees Summit Mo

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

(b) Address Lees Summit Mo

19. (a) Nov 14-44 (Date received local registrar) (b) E. M. Schick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Lees Summit
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 1 West 3rd Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 11
year 1944 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from 4/27, 1943 to 11/11, 1944
that I last saw — alive on 11/10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 92

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? _____

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

23. Signature W Gandy (M. D. or other) _____

Address Independence Mo Date signed 11/12/44

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. Bangford*
Licensed Embalmer No. 3833
P. O. Address *Lee's 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.