No. 2
4—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42004

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 249

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 251 Hinton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 251 Hinton
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie A. Winn
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Olie Winn
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 30th (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
56	8	6	hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation At home
11. Industry or business
MOTHER FATHER
12. Name Edward Smith
13. Birthplace (City, town, or county) Pa (State or foreign country)
14. Maiden name Martha Catterton
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Olie Winn
(b) Address Moberly, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 8th 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly, Mo
18. (a) Signature of funeral director Malone and Son
(b) Address Moberly, Mo
19. (a) 12-8-44 (Date received local registrar) (b) Irma Rose (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6th year 1944 hour minute M.
21. I hereby certify that I attended the deceased from Dec. 5/1944 to Dec. 6/1944 that I last saw he alive on Dec. 5/1944 19 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Angina Pectoris	acute
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Arterial Hypertension	3

Major findings:
Of operations
Of autopsy No

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
23. Signature Dr. R. E. Huber M.D. (M. D. or other)
Address Moberly, Mo. Date signed 12/8/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-45-119
Date Filed JAN 12 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 Frank B DeWitt

Licensed Embalmer No. 3021

P. O. Address Trenton 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.