S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1945

Registration District No. 74

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5906

Primary Registration District No. 4136

Registrar's No. 33-2

1. PLACE OF DEATH:

(a) County Clinton Co

(b) City or town Plattsburg
(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)

(d) Length of stay: In hospital or institution (Specify whether
In this community Eighty Seven yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton

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

(d) Street No. ?
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME Mrs. Julia WINN

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Newton Winn

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

7. Birth date of deceased March (Month) 12 (Day) 1857 (Year)

8. AGE: Years 87 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Mo Clinton Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business " "

FATHER
12. Name Berryman Shaver
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Trout
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martha Bentley

(b) Address Plattsburg

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Jan (Month) 4 (Day) 1945 (Year)

(c) Place: burial ~~or cremation~~ Plattsburg Mo

18. (a) Signature of funeral director Jas L Martin

(b) Address Plattsburg

19. (a) 1-6-45 (Date received local registrar) (b) Mrs A C Hartell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1945 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from Jan 1924, 19__, to Jan 2, 1945
that I last saw her alive on Jan 2, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclosis — Duration 10 yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

97

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 S D Reynolds (M. D. or other)

Address Plattsburg Mo Date signed 1-4-45

1085

(Licensed Embalmer's Statement on Reverse Side)

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 Jas L Martin

Licensed Embalmer No. 4303

P. O. Address Plattsburg

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.