

FILED MAR 9 1945
Registration District No. 178

Primary Registration District No. 4188

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

1. PLACE OF DEATH:

(a) County Lisconsin
(b) City or town Owensville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime
years, months or days)

3. (a) PRINT FULL NAME HERMAN WILLIAM WINTER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 497-03-8711

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lottmann Winter 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased December 28 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 0 21 - hr. - min.

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

10. Usual occupation Farmer + Truck Driver

11. Industry or business

12. Name William Winter
13. Birthplace Drake Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Henrietta Poetting
15. Birthplace Drake Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Herman Winter
(b) Address Owensville, Mo.

17. (a) Burial (b) Date thereof 1-23-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Owensville City Cemetery

18. (a) Signature of funeral director Wilford W. Winter

(b) Address Owensville, Mo.

19. (a) Jan. 22, 1945 (b) Myrtle M. Wankel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lisconsin
(c) City or town Owensville
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19
year 1945 hour 7 minute 20 P.M.

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

Immediate cause of death Coronary Thrombosis Duration 4 Hrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94A

Major findings: Of operations _____

Of autopsy _____

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) Means of injury _____

23. Signature Paul A. Branner (M. D. or other) MD
Address Owensville, Mo. Date signed 1-20-45

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 3-8-45

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 Me

working under my personal supervision. _____, Registered Apprentice No. _____

Signed

Merford Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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.