

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED APR 9 1945

Registration District No. 374

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 11299

State File No. 10927

Registrar's No.

1. PLACE OF DEATH:

(a) County. North  
(b) City or town. Rural  
(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  
years, months or days)

3. (a) PRINT  
FULL NAME

Hearold Wayne Winter

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex. M 5. Color or W 6. (a) Single, widowed, married, Single  
divorced

6. (b) Name of husband or wife. No 6. (c) Age of husband or wife if 22 years  
alive

7. Birth date of deceased. Nov 22 1929  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
15 3 27 hr. min.

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

10. Usual occupation. School Boy

11. Industry or business. "

MOTHER FATHER { 12. Name. Fred Winter  
13. Birthplace. Nadaway County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name. Edna Florence Campbell  
15. Birthplace. Nadaway County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant. Fred Winter  
(b) Address. Gentry Missouri

17. (a) Burial (b) Date thereof. March 21, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Halls Cemetery

18. (a) Signature of funeral director. John Anderson Jr.  
(b) Address. Grant City Missouri

19. (a) Apr. 2 1945 (b) Mayme Ruchart  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. North  
(c) City or town. Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. West of Oxford  
(If rural, give location)

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

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. 3 day. 19  
year. 1945 hour. 11 minute. 0 M.

21. I hereby certify that I attended the deceased from 3-10 1945 to 3-19 1945,  
that I last saw him alive on 3-17- 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death. Lubentian lungs  
Due to. 2 yr

Due to. 13 lb  
Other conditions. 13 lb  
(Include pregnancy within 3 months of death)

Major findings: Of operations.  
Of autopsy.

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)  
(c) Means of injury. 2  
23. Signature. Charles N. Williams, M.D.  
Address. Gentry Mo Date signed. 3-21-45

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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.....

John Andrews Jr......, Registered Apprentice No.....  
working under my personal supervision.

Signed.....

John Andrews Jr.  
Licensed Embalmer No. 4211

P. O. Address Grant City 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.**