

FILED MAY 22 1945
 Registration District No. 156

Primary Registration District No. 200!

Registrar's No. 207

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

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 St. John's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 (Specify whether In this community _____ years, months or days)

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

3. (a) PRINT FULL NAME James Reed Winnie
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 3
 year 1945 hour 8 minute 25 P.M.

4. Sex male
 5. Color or race Indian
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Alice V. Winnie
 6. (c) Age of husband or wife if alive 34 years
 7. Birth date of deceased March 16, 1907
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
 April 2, 1948 to 5.3, 1948
 that I last saw him alive on 5-3, 1948
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	38	1	17	hr. min.

Immediate cause of death
 Cerebral hemorrhage
 Due to Hypertension

Duration
 12h
 Actual
 Week

9. Birthplace Turkey Ford Oklahoma
 (City, town, or county) (State or foreign country)

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

10. Usual occupation teacher

Major findings:
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 11. Industry or business _____
 12. Name R. B. Winnie
 13. Birthplace Oklahoma
 (City, town, or county) (State or foreign country)
 14. Maiden name Ida Crawford
 15. Birthplace Oklahoma
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 830

16. (a) Informant Clarence Winnie
 (b) Address Wyandotte, Oklahoma
 17. (a) burial (b) Date thereof 5/6/45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Turkey Ford, Oklahoma

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?

18. (a) Signature of funeral director Cooper Funeral Home
 (b) Address Miami, Oklahoma
 19. (a) 5-5-45 (b) Justus S. Suter
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury
 23. Signature Ellisworth Moody (M. D. or other)
 Address Joplin, Missouri Date signed 5/8/48

1204

45-5-403

MAY 28 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 Steve Parker

Licensed Embalmer No. 2548

P. O. Address Johns Bay

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.