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 JUL 11 1945

Registration District No. 27

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5089

State File No. 19814

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rural Pleasant Gap Twnshp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 7 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County 7

(c) City or town Alberta, Canada 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Fredrick Childs Winter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced single C

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 24 (Day) 1873 (Year)

8. AGE: Years 72 Months 2 Days 11 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 1

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Fredrick W. Winter
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Marie Gerling
15. Birthplace (City, town, or county) Missouri (State or foreign country) D

16. (a) Informant Mrs. L.S. Rains
(b) Address Butler, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Oakhill

18. (a) Signature of funeral director Culver-Underwood
(b) Address Butler, Missouri

19. (a) 6-5-45 (Date received local registrar) (b) Pauline Crumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1945 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from Dec 10th, 1944, to June 4th, 1945
that I last saw him alive on June 3, 45;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic nephritis & myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 1316	

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 L. D. La Hue (M. D. or other) MD

Address Butler, Mo. Date signed 6-5-45

1306

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED ... Officer No. 7.
Cl... 6-45-614
Dist... 7-10-45
Date Filed

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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.