

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22713

FILED JUL 18 1945

Registration District No. 63

Primary Registration District No. 5241

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Fair Play (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Madison Twp. 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 _____ years, months or days

3. (a) PRINT FULL NAME

Elmer L. Winslow

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sarah Jane 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Dec. 6 1860 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 6 21 hr. min.

9. Birthplace Sharpsburg, Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Samuel Winslow
13. Birthplace Ill. (City, town, or county) (State or foreign country)
14. Maiden name Arvilla Bailey
15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sarah Jane Winslow
(b) Address Fair Play, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jul 1-45 (Month) (Day) (Year)
(c) Place: burial or cremation Shady Grove

18. (a) Signature of funeral director Barber Erwin & Blue

(b) Address Fair Play, Mo.

19. (a) June 30, 45 (b) A. Lloyd Spader (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar 20
(c) City or town Fair Play, (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. Madison Twp. 11
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1945 hour six 6 minute 30 AM.

21. I hereby certify that I attended the deceased from Mar. 29th, 1943, to June 26th, 1945;
that I last saw him alive on June 26th, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hem. Duration 4 Days

Due to Hypertension 113?

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Shw PHYSICIAN
Of autopsy _____ 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. P. J. Wilson (M. D. or other) Dr.
Address Fair Play, Mo. Date signed 6/30/45

(Licensed Embalmer's Statement on Reverse Side)

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

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..

Willard D. Erwin

Licensed Embalmer No. *3092*

P. O. Address.. *Palmer, 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.