S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24198

FILED JUL 21 1945

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 185

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Blue Two
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1915 Hawthorne
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 31 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1915 Hawthorne
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN WILLIAM WINTERS Sr.
3. (b) If veteran, name war none
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 Etta Winters
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased September (Month) 20 (Day) 1885 (Year)
8. AGE: Years 59 Months 9 Days 5 If less than one day hr. min.
9. Birthplace Harrisonville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
12. Name Andrew Winters
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown Sparks
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Etta Winters
(b) Address 1915 Hawthorne
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 28 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington
18. (a) Signature of funeral director Geo. C. Carson Funeral Home
(b) Address Independence Missouri
19. (a) 6-25-45 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1945 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from June 24, 1945, to June 25, 1945 that I last saw him alive on June 24, (3:AM.), 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Syphilitic Aortitis — Duration
Due to Rupture Ascending Aorta
Due to Syphilitis
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 30%

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 Dr. Glynn F. Lewis (M. D. or other) D.O.
Address 227 W. Lexington Date signed 6/25/45

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1949

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 George C. Carson

Licensed Embalmer No. 2249

P. O. Address Independence 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Pemiscot

State File No.
Local Registrar's No. 267

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears Mrs. Loralee Shaw, who, upon Her oath, states that the original record of ~~birth~~ death for John W. Winters, ~~born~~ died November 6, 1943, in the State of Missouri, and which was filed at Hayti, Mo on 11-9-, 1943, should be corrected as follows:

Item No. 3 (a) should read John W. Winters Sr.

Instead of John W. Winters

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Loralee Shaw Daughter
Relationship.

2020 Elyria st Findlay Ohio
Present Address.

Subscribed and sworn to before me this 12 day of October, 1949

My Commission expires 11-13-50 Myrtle C Rice Notary Public.
Hancock cty.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
25M-1-15-42
I X31340

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