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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31236

FILED OCT 4 1945

Registration District No. 280 Primary Registration District No. 6-944 Registrar's No. 6-1

1. PLACE OF DEATH:

(a) County: Platte

(b) City or town: Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: North of Fairfax Airport 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no. In this community: passing through (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: unknown (b) County:

(c) City or town: unknown, (If outside city or town limits, write "RURAL")

(d) Street No.: unknown, (If rural, give location)

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

If yes, name country: X

3. (a) PRINT FULL NAME: William B. Winchester, #19012207

3. (b) If veteran, name war: World War #2

3. (c) Social Security No.: unknown,

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: unknown, 9

6. (b) Name of husband or wife: X

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

7. Birth date of deceased: unknown, (Month) (Day) (Year)

8. AGE: Years | Months: unknown, | Days | If less than one day: hr. min.

9. Birthplace: unknown (City, town, or county) 9 (State or foreign country)

10. Usual occupation: T/5

11. Industry or business: Army

FATHER
12. Name: unknown
13. Birthplace: unknwon (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: U. S. Army

(b) Address: Kansas City, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 9-19-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Manteca, California.

18. (a) Signature of funeral director: Stine & McClure,

(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-15-45 (Date received local registrar) (b) Mrs Ophia Raeburn. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 15 year: 1945 hour: 12 minute: 15 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: 3rd degree burns entire body, compound fracture right leg.

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations:

Of autopsy: no

History & Inspection

Duration

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): Accident 83

(b) Date of occurrence: 9-15-45

(c) Where did injury occur: Platte County, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? yes (e) Means of injury: Airplane crash

23. Signature: James Allen (M. D. or other)

Address: 1424 Ang. bldg. Date signed: 9-16-45

1448 (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 .....

Licensed Embalmer No. 1415

P. O. Address, K C 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.