. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33498

FILED OCT 30 1945

Registration District No. 64 Primary Registration District No. 5248 Registrar's No. 64

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Wayland Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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:

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton 21
(c) City or town Prairie Hill; Wayland Twp. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie Bell Winkler
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Albert Winkler
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 23 (Day) 1879 (Year)

8. AGE: Years 66 Months 5 Days 29 If less than one day hr. min.

9. Birthplace Chariton County (City, town, or county) Missouri (State or foreign country) 11
10. Usual occupation housewife
11. Industry or business
FATHER 12. Name John Monroe Littrell
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name Caroline Rogers
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Thomas M. Winkler
(b) Address Kansas City, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/24/1945 (Month) (Day) (Year)
(c) Place: burial or cremation Old Prairie Hill Cemetery
18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntsville Mo
19. (a) 10-26-45 (Date received local registrar) (b) H. Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22 year 1945 hour 8:30 P.M. minute M.
21. I hereby certify that I attended the deceased from March 5, 1942 to Oct 22, 1945; that I last saw her alive on Oct 19, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis	3½ yrs
Due to: Cerebral arteriosclerosis	?
Due to: —	
Other conditions: — (Include pregnancy within 3 months of death)	
Major findings: Of operations: —	
Of autopsy: —	

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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 A. L. Hamm (M. D. or other) MD
Address Salisbury Mo Date signed 10-26-45

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(Licensed Embalmer's Statement on Reverse Side)

Part No. 9

10-29-45

NOV 2 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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville Tn

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.