

**FILED** MAY, 7 1946

Registration District No. **171**

Primary Registration District No. **4266**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Wellington  
(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 36 years (Specify whether years, months or days)  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town Wellington  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6  
year 1946 hour 7:40 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from April 4 1946 to April 6 1946  
that I last saw him alive on April 6 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary occlusion Duration \_\_\_\_\_

3. (a) PRINT FULL NAME Winnie Hufford  
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race Wht. 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Samuel 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: April 13, 1876  
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ray county, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework at home

11. Industry or business \_\_\_\_\_  
12. Name Henry Hindricks  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Simms  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Velma Karow  
(b) Address Wellington, Missouri

17. (a) Burial (b) Date thereof 4/9/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation odd fellow cemetery Wellington, Mo.

18. (a) Signature of funeral director W. Roy Evers  
(b) Address Wellington, Missouri

19. (a) April 15, 1946 (b) Registrar's signature Leta Drummond  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 R. B. Watts (M. D. or other) md  
Address Wellington, Mo. Date signed 4/9/46

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

12623

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-6-66.....

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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..... 

W. Roy Ewen

Licensed Embalmer No. 4305

P. O. Address Wellington, Missouri

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.