

FILED MAY 31 1946

Registration District No. **136**Primary Registration District No. **2001**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
 (b) City or town **Joplin**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Derfelt Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 weeks**
 (Specify whether
 In this community **30 years**
 years, months or days)

3. (a) PRINT FULL NAME **Stella Bannister Winchester**

3. (b) If veteran, name war *******
 3. (c) Social Security No. *******

4. Sex **Fem** / 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Charles Winchester**
 6. (c) Age of husband or wife if alive **57** years
 7. Birth date of deceased **March 1, 1887**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 **2** **12** hr. min.

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

10. Usual occupation **Home duties**

11. Industry or business _____

12. Name **W. H. Hopkins**
 13. Birthplace **Athison County Missouri**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Ella Shaw**
 15. Birthplace **Tarkio Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Charles Winchester**
 (b) Address **402 Brownell, Joplin, Mo.**

17. (a) **Burial** (b) Date thereof **May 15, 1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ozark Memorial Park**18. (a) Signature of funeral director **Hurlbut Und. Co.**(b) Address **Joplin, Mo.**

19. (a) **5-15-46** (b) **Ed. D. James**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**
 (c) City or town **Joplin** **2**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **402 Brownell** **5**
 (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No) **0**
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **13** - 19**46**
 year **4** hour **20** minute **8** A.M.

21. I hereby certify that I attended the deceased from **May 7 1946**
 to **May 13 1946**
 that I last saw her alive on **May 13 1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Bar heart failure**
Chronic Nephritis
 Due to _____
 Due to _____

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

Major findings:
 Of operations _____

Of autopsy **13/18**

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)
 (a) Means of injury _____

23. Signature **Ed. D. James** (M. D. or other) **2-20**
 Address **5-15-46 Joplin** Date signed **5/14/46**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

OCT 14 1946

JUN 3 1946

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 *Percy Hurlbut*

Licensed Embalmer No. *959*

P. O. Address *John, N.C.*

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:

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. JuneRegistration District No. 156Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(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 _____)In this community _____
years, months or days)3. (a) PRINT
FULL NAMEStella B. Winchester3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex F
race W5. Color or
race W6. (a) Single, widowed, married,
divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____7. Birth date of deceased ma
(Month) (Day) (Year)

8. AGE: Years Months Days

59

(If less than one day)

____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5-15-46 (b) Ed James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(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 _____
year 1946 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from _____
to _____, 19____;

that I last saw him/her alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

S-17039

OCT 14 1946