S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17472

Registration District No. 230 Primary Registration District No. 43455810 Registrar's No. 9

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Rural - Loutre 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 45 years

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

3. (a) PRINT FULL NAME Herman Henry Winkelman
3. (b) If veteran, name war World War #1
3. (c) Social Security No. 498-03-5923
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 4th (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
52	2	24	hr. min.

9. Birthplace Rhineland (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER 12. Name Theodore Winkelman
FATHER 13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Pauline Wendring
MOTHER 15. Birthplace Rhineland Mo (City, town, or county) (State or foreign country)
16. (a) Informant Arthur Bossman
(b) Address Rhineland Mo
17. (a) Burial (Burial, cremation, removal) (b) Date thereof May-2-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Starkenburg Mo
18. (a) Signature of funeral director [illegible]
(b) Address [illegible]
19. (a) May-2-46 (Date received by local registrar) (b) Mrs Nana Lee Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th year 1946 hour 10 P. M. minute M.
21. I hereby certify that I attended the deceased from October 15th, 1945, to April 28th, 1946, that I last saw him alive on April 28th, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis Chronic	
Due to Arteriosclerosis	
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 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 E. G. Rhodius (M. D. or other)
Address Hermann Date signed 4/30/46

208 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 6-10-46

MAY 1 1947

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.....

D. B. Baker, ..., Registered Apprentice No.....,

working under my personal supervision.

Signed D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.