

FILED JUL 8 1946

State File No.

Registration District No. 62

Primary Registration District No. 5239

Registrar's No. 2X

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural-- Linn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
XXXXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXX
(Specify whether
In this community Most of life
years, months or days)

3. (a) PRINT FULL NAME RUBY FLO WINDER

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Charley Winder 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased March 3, 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 3 17 X hr. X min.

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

10. Usual occupation Housewife

11. Industry or business XXXX

12. Name Orla Morlan
13. Birthplace Cass County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ella Linard
15. Birthplace Cobb, St. Clair Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Vilhaver
(b) Address P. I. Stockton Mo.
17. (a) Burial (b) Date thereof 6-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Panky Cemetery

18. (a) Signature of funeral director CHURCH AND NEALE
(b) Address Stockton, Missouri
19. (a) 6-29-46 (b) Geneva Harrison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1946 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from Med
June 18, 1946 to June 19, 1946
that I last saw her alive on June 18, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis
Duration 4 months

Due to
Due to

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

Major findings:
Of operations
Of autopsy
488

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?

While at work? (Specify type of place) (i) Means of injury
23. Signature [Signature] (M. D. or other)
Address Stockton Mo. Date signed 6-21-46

RECEIVED

Disposal Officer No. 7,

Disposal Number 6-46-622

Date Filed 7-3-46

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

Melvin Church

Licensed Embalmer No.

3272

P. O. Address

Stockton, 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.