

FILED JUL 11 1948 STANDARD CERTIFICATE OF DEATH

State File No. 20938

Registration District No. 198

Primary Registration District No. 5719

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Berwin Twp Rural
(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 _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Floyd E. Winkie

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

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 _____

7. Birth date of deceased 4: 10 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Fred Winkie

13. Birthplace Aberdeen North Dakota
(City, town, or county) (State or foreign country)

14. Maiden name Myrtle Nute

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

16. (a) Informant Myrtle Winkie

(b) Address Berwin Mo

17. (a) Berwin (b) Date thereof 6-26-1946
(Burial, cremation, or otherwise) (Month) (Day) (Year)

(c) Place: burial or cremation West Oakwood Cemetery

18. (a) Signature of funeral director J. E. Fawcett

(b) Address Berwin Mo

19. (a) 7-1-46 (b) Winnifred Rowland
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon
(c) City or town Berwin Rural
(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 6 day 25
year 1946 hour 8 minute 05 P. M.

21. I hereby certify that I attended the deceased from 25 JUNE 1946 to 25 JUNE 1946;
that I last saw him alive on 25 JUNE 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Diarhea cause undetermined 1 wks

Due to unknown

Due to _____

Other conditions Malnutrition
(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 Donald E. Eggleston (M. D. or other) _____

Address Macon Mo Date signed 29 June 46

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

MOTHER FATHER

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

RECEIVED

District Health Officer No. 10

District File Number 7-46-1319

Date Filed JUL-1-0-1946

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

H. E. Edwards

Licensed Embalmer No.

1961

P. O. Address

B. W. B. 240

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.