

**FILED AUG 12 1948**

Registration District No. **32**

Primary Registration District No. **5114**

Registrar's No. **44**

**1. PLACE OF DEATH:**

(a) County **Bollinger**  
(b) City or town **Rural Wayne Sup.**  
(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 John Thomas Winkler,**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **May 30 1923**  
(Month) (Day) (Year)

8. AGE: Years **23** Months **1** Days **21** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

11. Industry or business **Farming**

12. Name **John T? Winkley**

13. Birthplace **Perryville Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Edelman**

15. Birthplace **Perryville Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Sarah Winkler**

(b) Address **Perryville Missouri,**

17. (a) **Burial** (b) Date thereof **7 - 23 - 48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Be-Wrong Cemetary, Watkins Service**

18. (a) Signature of funeral director **Puxico Missouri,**

(b) Address **Puxico Missouri,**

19. (a) **July 25, 1946** (b) **Willie Van Amburg**  
(Type received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Bollinger**  
(c) City or town **Rural Wayne Sup.**  
(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 **7** day **21**  
year **46** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Due to **Drowning**  
**Accidental**  
Due to \_\_\_\_\_

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

Major findings: **ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**  
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 **3**

23. Signature **John J. Myer**  
Address **Perryville Mo** Date signed **7/27/48**

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

RECEIVED

District Health Officer No. 4

District File Number 846-247-4

Date Filed 8-9-46

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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

working under my personal supervision. \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

Signed

*Lyman Steele*

Licensed Embalmer No. 2476

P. O. Address

*Dexter 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Aug

Registrar's No. x 40

Registration District No. 32

Primary Registration District No. 5114

1. PLACE OF DEATH:

- (a) County Bollinger  
(b) City or town Quail  
(c) Name of hospital or institution:  
(If outside city or town limits, write "RURAL" and name of township)

(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

John J. Winkler

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive

7. Birth date of deceased. May 20 1946  
(Month) (Day) (Year)

8. AGE: Years 23 Months 1 Days 1 If less than one day hr. min.

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

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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a) (Date received local registrar) (b) (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 Aug year 1946 hour 12 minute 15 M.

21. I hereby certify that I attended the deceased from Aug 12 1946 to Aug 12 1946, 1946  
that I last saw him alive on Aug 12 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death Myocardial infarction  
Duration

- Due to Myocardial infarction  
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) Accident  
(b) Date of occurrence 7/21/46  
(c) Where did injury occur? Home (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

- While at work? (Specify type of place) (e) Means of injury

23. Signature John J. Winkler (M.D. or other) Address Bollinger, MO Date signed 8/28/46

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

21-537

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