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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23164

State File No. _____

FILED AUG 9 1946

Registration District No. 78

Primary Registration District No. 4164

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Altamont
(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 Several Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

(c) City or town Altamont
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Coleman Brown Wingate

3. (b) If veteran, name war None

3. (c) Social Security No. None

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 July 28 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 10 14 _____ hr. _____ min.

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

10. Usual occupation Grocery Store

11. Industry or business Owner

12. Name Joseph T. Wingate

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

14. Maiden name Ella Brown

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

16. (a) Informant MRS. JOELLA KAY

(b) Address PLATTSBURG, MO.

17. (a) Removal (b) Date thereof 6-13-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg, MO.

18. (a) Signature of funeral director Hope Funeral Home

(b) Address Gallatin, Missouri

19. (a) July 24 - 44 (b) Regina M. Englehart
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1946 hour About 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____ 19____
I saw the body dead
that I last saw him alive on dead 13 June 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration Unknown

Due to Chronic hypertension

Due to Cardiovascular disease

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? _____

While at work? _____ (Specify type of place) (b) Means of injury _____

23. Signature [Signature] (M.D. or other) [Signature]

Address Plattsburg, MO Date signed 12 June 46

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

DISTRICT HEALTH OFFICE
Camden, N.J.

1
SERIALS

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 Danell D. Lyon
Licensed Embalmer No. 3640
P. O. Address PLATTSBURG, N.J.

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.