

FILED AUG 9 1946
Registration District No. 229

Primary Registration District No. 5809

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

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Rural
(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 _____
In this community 16 yrs
years, months or days (Specify whether _____)

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. 5 miles south Mineola Mo
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John William Winter

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 W

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

7. Birth date of deceased: April 7 th 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Joshia Winter
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Leticia ~~Hart~~ Nunnely
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Emaline Winter

(b) Address Mineola Mo

17. (a) Burial (b) Date thereof 7-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) 7-22-46 (b) James D. Helms D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 21
year 46 hour 6 minute a M.

21. I hereby certify that I attended the deceased from 6-1
1945 to 7-21 1946
that I last saw him alive on 7-2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 2 days
Due to Basal-Celled Carcinoma, 2 yrs.
subcutaneous (rodent ulcer)
Due to of the face.

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

Major findings: Of operations 53
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)
(c) Means of injury _____

23. Signature James D. Helm (M. D. or other) _____
Address New Florence mo. Date signed 7-22-46

