U. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

26569

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27731

FILED AUG 28 1946

Registrar's District No. _____ Primary Registration District No. 3042 Registrar's No. 125

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Fredericktown mo
(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 _____ (Specify whether years, months or days)
In this community 2 years -

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Madison Co
(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) O
If yes, name country _____

3. (a) PRINT FULL NAME Julia A. Winstead
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife William Winstead
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Oct. (Month) 1 (Day) 1852 (Year)

8. AGE: Years 93 Months 10 Days 12 If less than one day _____ hr. _____ min. /

9. Birthplace Kentucky (City, town, or county) _____ (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
FATHER
12. Name unknown 9
13. Birthplace unknown (City, town, or county) _____ (State or foreign country)
MOTHER
14. Maiden name unknown 9
15. Birthplace unknown (City, town, or county) _____ (State or foreign country)
16. (a) Informant Samuel Cowl
(b) Address Fredericktown, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 15, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Morganfield Ky.
18. (a) Signature of funeral director Webb-Holt
(b) Address Fredericktown, Mo.
19. (a) 8-14-1946 (Date received local registrar) (b) Florence Hicks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13 year 1946 hour 12 minute P. M.
21. I hereby certify that I attended the deceased from May 26, 1946, to August 13, 1946, that I last saw her alive on Aug 13, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetic Gangrene	2 mo.
Due to: Senile debility	undetermined
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 0	
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? _____ (Specify type of place)
While at work? _____ (e) Means of injury 2
23. Signature Keith L. Hull (M. D. or other) D.O.
Address Fredericktown, Mo. Date signed 8-14-46

187 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 8-46-2512
Date Filed 8-19-46

OCT 1 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 John H. Holt

Licensed Embalmer No. 4264

P. O. Address Fredericktown

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.