

FILED OCT 8 1946

Registration District No. 208

Primary Registration District No. 3006

Registrar's No. 235

1. PLACE OF DEATH:

(a) County BOONE  
(b) City or town COLUMBIA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
WILHITE CONVALESCENT HOME #4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 18 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BOONE MO  
(c) City or town STURGEON  
(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

DELIA V. WINN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE 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 BET 12-1869  
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation NUR.

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name JAMES WINN

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

14. Maiden name THEODOSIA BRINK

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

16. (a) Informant John P. Winn

(b) Address Washington, D.C.

17. (a) Burial (b) Date thereof 10-4-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RED TOP  
Barnes & Booth

18. (a) Signature of funeral director Barnes & Booth

(b) Address St. Louis, Mo.

19. (a) 10-4-46 (b) Mrs. R. E. Palmer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2  
year 1946 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from Aug 9  
1946 to Oct 2 1946  
that I last saw her alive on Sept 13 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: General Capillary  
Angina & Abdomen 6-7MO  
Due to Primary Carcinoma  
of Breast 3yrs

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 50

Duration

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) \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature J. C. P. McQuinn (M. D. or other) \_\_\_\_\_  
Address Sturgeon MO Date signed Oct 5-46

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

4

5

31

**RECEIVED**  
District Health Officer No. 9,  
District File Number  
~~Date Filed 10-8-46~~

**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..... *A. B. Boothe*  
Licensed Embalmer No. *4087*  
P. O. Address..... *Sturgeon, 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.**