

S. No. 2
M-8-43
v. 5-17-39
X37823

37571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 12 1946

Registration District No. 177

Primary Registration District No. 5188

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Bates City (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 1/2 mi South East 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 20 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette
(c) City or town Bates City (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 2 1/2 mi South East
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Monde B. Winkler

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

4. Sex F m 5. Color or race CU 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife H.A. Winkler 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Oct-15-1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>1</u>	<u>0</u>	hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Henry Bailey

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

14. Maiden name Fauver

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

16. (a) Informant N.A. Winkler

(b) Address Bates City Mo

17. (a) Buried (b) Date thereof 11-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetary Bates City Mo

18. (a) Signature of funeral director Mrs. G. S. Webb, Jr.
(b) Address Oak Grove Mo

19. (a) Nov 20-46 (b) Tetter Blum
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1946 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 1 1946 to Nov 13 1946;
that I last saw her alive on Nov 13 1946;
and that death occurred on the date and hour stated above

Immediate cause of death Myocardial infarction Duration foreign

Due to Endocarditis 10 yrs

Due to glv. Coronary occlusion
Antesman coronary artery 5 mos

Other conditions none

Major findings: Of operations none

Of autopsy none G.P.

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) none

(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 0

23. Signature [Signature] (M. D. or other) _____
Address Oak Grove Mo Date signed 11-17-46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number.....

Date Filed.....

12-11-46

DEC 12 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.....

R B Webb

Licensed Embalmer No.....

235-3

P. O. Address.....

Sheepmo

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.