

No. 2
-12-45
5-17-39
PI X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41202**
Registrar's No. **97-8804**

FILED DEC 28 1946
383

Registration District No. _____

Primary Registration District No. **5655**

1. PLACE OF DEATH:

(a) County **Lawrence**

(b) City or town **Mt. Vernon**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1288 days**
(Specify whether years, months or days)

In this community **1288 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Elmer Winters**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **Unknown**

4. Sex **male**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Sophie Winter**

6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **Dec 11 1907**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
39	0	0	hr. _____ min.

9. Birthplace **Gerald** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER

12. Name **Edward Winter**

13. Birthplace **Gerald** **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Louise Duerr**

15. Birthplace **Gerald** **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **E. McMichael, Record Clerk**

(b) Address **Mo. State San. Mt. Vernon, Mo.**

17. (a) **Removal**
(Burial, cremation, or removal)

(b) Date thereof **Dec 11-1946**
(Month) (Day) (Year)

(c) Place: burial or cremation **Burial - Grand mo**

18. (a) Signature of funeral director **Geo B Orr**

(b) Address **727 72nd Ave Mt Vernon Mo**

19. (a) **Dec 11-46**
(Date received local registrar)

CR Helms
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri**

(b) County **Franklin**

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec. 10** day **1946**
year _____ hour **8:20** minute _____ P. M.

21. I hereby certify that I attended the deceased from **May 31**, 19 **43** to **Dec. 10**, 19 **46**
that I last saw h. **im** alive on **Dec. 10**, 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Toxic myocarditis** **Abt. 1 week**
Duration

Due to **Pulmonary Tuberculosis** **About 2 yrs & 9 months.**

Other conditions **PHYSICIAN**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **3/5**
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)

(e) Means of injury **P**

23. Signature **Y. T. Lythawa** (M. D. or other) **ms**

Address **Mt. Vernon, Missouri** Date signed **12-10-46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
40015

RECEIVED

District Health Officer No. 6,

District File Number 1246-1258

Date Filed DEC 26 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 George B Orr

Licensed Embalmer No. 946

P. O. Address 1414 Vernon St

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.