

**FILED MAR 10 1947**

Registration District No. **98**

Primary Registration District No. **4160**

Registrar's No. **20**

**1. PLACE OF DEATH:**

(a) County **DAVIESS**  
(b) City or town **WINSTON MO**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **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 **LIFE TIME**  
years, months or days)

3. (a) PRINT FULL NAME **GEORGE LANEY POSTON**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **AURA E POSTON** 6. (c) Age of **78** wife if alive **78** years

7. Birth date of deceased **FEB 2 1957**  
(Month) (Day) (Year)

8. AGE: Years **89** Months **11** Days **24** If less than one day hr. min.

9. Birthplace **ADAMS Co Ky** (City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business

12. Name **WILLIAM B POSTON**

13. Birthplace **W. Va** (City, town, or county) (State or foreign country)

14. Maiden name **REBECA ALEXANDER**

15. Birthplace **W. Va** (City, town, or county) (State or foreign country)

16. (a) Informant **Eva Kuis**

(b) Address **Kuisaid, Kans**

17. (a) **BURIAL** (Burial, cremation, or other) (b) Date thereof **JAN 28 1947** (Month) (Day) (Year)

(c) Place: burial **WINSTON MO**

18. (a) Signature of funeral director **The Nat. Group**

(b) Address **Winston Mo**

19. (a) **2-10-47** (Date received local registrar) (b) **Virginia M. Englund** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **Davess**

(c) City or town **Winston** (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 \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Jan** day **26** year **1947** hour **6** minute **A** M.

21. I hereby certify that I attended the deceased from **Jan 19** 1947, to **Jan 26** 1947

that I last saw him alive on **Jan 25** 1947 and that death occurred on the date and hour stated above.

Immediate cause of death **Sepsis pneumonia** Duration **5 days**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

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

Of autopsy **108**

**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) **1947** (Date of 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 \_\_\_\_\_

23. Signature **Fred K Wilson** (M. D. or other) \_\_\_\_\_

Address **Winston Mo** Date signed **Jan 27 47**

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

MOTHER FATHER

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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

*L. O. Richardson*  
.....  
Licensed Embalmer No. *3307*  
.....  
P. O. Address *Callahan, 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.**