

S. No. 2
1-12-45
5-17-39
P 1 X47070

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

FILED MAR 28 1947
Registration District No.

Primary Registration District No. 2000

Registrar's No. 198

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2047 Booneville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 32 Years (Specify whether years, months or days)

In this community 32 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2047 Booneville 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Thomas Guston Winn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Rillia Winn

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

7. Birth date of deceased Nov. 2 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76	4	3	hr.	min.
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9. Birthplace Niangua Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business

MOTHER FATHER { 12. Name John William Winn

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

14. Maiden name Mertina Jane Jones

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

16. (a) Informant Mrs. Rillia Winn

(b) Address 2047 Booneville, Springfield

17. (a) Burial (b) Date thereof 7-9, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn

18. (a) Signature of funeral director W. L. Dunn

(b) Address Springfield, Mo.

19. (a) 3-10-47 (b) W. L. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 th.
year 1947 hour 6 minute -- P.M.

21. I hereby certify that I attended the deceased from March 3, 1947, to March 5, 1947, that I last saw him alive on March 5, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis, adhesive, old
Cardiac Insufficiency

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations AOB

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

23. Signature Clyde B. Abbott (M. D. or other) U

Address 2157c Walnut Date signed 3/17/47

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..... *W. Mc Cann*.....
Licensed Embalmer No. *7727*.....
P. O. Address *Springfield 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.