

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9507

State File No. _____
Registrar's No. 1285

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day 4 1/2 hrs.
(Specify whether
In this community 45 years
years, months or days)

3. (a) PRINT FULL NAME Marquis Winn
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 6 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation RETIRED Groceryman

11. Industry or business Self

MOTHER FATHER
12. Name Francis M Winn
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Tyer
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. E. Campbell
(b) Address 11126 Belmont

17. (a) Burial (b) Date thereof 3 19 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT MORIAH

18. (a) Signature of funeral director C.H. Blackman & Son Inc

(b) Address Kansas City Mo.

19. (a) 3-19-47 (b) Staldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5801 E. 17 St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 17
year 1947 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from March 16 1947 to March 17 1947,
that I last saw him alive on March 17 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular accident
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 832

Major findings:
Of operations _____
Of autopsy See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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? 0

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Wm W Hart (M.D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 3-18-47

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

Wm. Farland
Wm. Farland

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 *Wm. Farland*
Licensed Embalmer No. *4397*
P. O. Address *Kansas City, 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.