

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. *12-181*  
Registrar's No. *436*

Registration District No. *128*

Primary Registration District No. *2000*

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: Baptist Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Hours  
In this community 65 1/2 years (Specify whether years, months or days)

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. 722 E. Grand *6*  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME George F. Winters  
(b) If veteran, name war No  
(c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 11  
year 1947 hour 1 minute 05a M.  
21. I hereby certify that I attended the deceased from May 10  
1947 to May 10 1947;  
that I last saw him alive on May 11 1947;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Letha Winters  
(c) Age of husband or wife if alive years  
7. Birth date of deceased Sept. 13 1873  
(Month) (Day) (Year)

Immediate cause of death Infra-tentorial hemorrhage Duration 3 hr.  
Basal skull fracture  
Due to  
Due to

8. AGE: Years 73 Months 7 Days 28  
If less than one day hr. min.

Other conditions Compromised fracture legs 3 hr.  
(include pregnancy within 3 months of death)

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

PHYSICIAN  
Major findings:  
Of operations  
Of autopsy  
Underline the cause to which death should be charged statistically.

10. Usual occupation Supt.

11. Industry or business Fruehauf Trailer Co.

12. Name Charles Winters

13. Birthplace Unknown Unknown *9*  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Unknown *9*  
(City, town, or county) (State or foreign country)

15. Birthplace Unknown Unknown *9*  
(City, town, or county) (State or foreign country)

16. (a) Informant rs. G.F. Winters

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 5/13/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 5-13-47 (b) WZ Handley  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident *133*  
(b) Date of occurrence May 10 1947

(c) Where did injury occur? Springfield Greene Mo  
(City or town) (County) (State)

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

While at work? no (Specify type of place) (e) Means of injury auto accident

23. Signature Daniel L. Yoney (M.D. or other)

Address Springfield Mo Date signed 12 May 47

(Licensed Embalmer's Statement on Reverse Side)

*Call with Pedestrian*

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

MOTHER FATHER

APR 2 1948

**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 Walter E Hamellen

Licensed Embalmer No. 3808

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.