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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23817

Registration District No. 94 Primary Registration District No. 4172 Registrar's No. 17

1. PLACE OF DEATH:
(a) County: DeKalb
(b) City or town: Stewartsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: DeKalb
(c) City or town: Stewartsville
(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 .....

3. (a) PRINT FULL NAME: Georgia Fay Winger
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Glenn B. Winger
6. (c) Age of husband or wife if alive: No. years
7. Birth date of deceased: Feb (Month) 22 (Day) 1904 (Year)

8. AGE:

Years	Months	Days	If less than one day
43	3	27	..... hr. ..... min.

9. Birthplace: Plattsburg (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: /
FATHER
12. Name: Geo. E. Morgan
13. Birthplace: Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sueta McWilliams
15. Birthplace: Clinton Co. Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Glenn Winger
(b) Address: Stewartsville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6 21 47 (Month) (Day) (Year)
(c) Place: burial or cremation: Stewartsville
18. (a) Signature of funeral director: F. G. Tyson
(b) Address: Stewartsville Mo.
19. (a) 7-10-47 (Date received local registrar) (b) R. Landrum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1947 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from 19 Jun 1946, 19..., to 19 Jun 1947, 19..., that I last saw her alive on 8 June 1947, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypoglycemia —	4 yrs
Due to Cirrhosis of Pancreas	
Due to of Pancreas	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? ..... (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)
While at work? ..... (e) Means of injury .....
23. Signature: [illegible] (M. D. or other)
Address: Cameron Mo. Date signed: 30 June 47

(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Darell W. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg 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.