

X47070

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

FILED SEP 23 1947

State File No. _____

Registration District No. 145

Primary Registration District No. 445-5566

Registrar's No. 5566

1. PLACE OF DEATH:
 (a) County Iron
 (b) City or town Middlebrook
 (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)
 In this community 7 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Iron
 (c) City or town Middlebrook
 (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 _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 11
 year 1947 hour 5 minute 00 A. M.

4. Sex fem / 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Robert Moses Winder
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 12 1878
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 8 1947 to Sept 11 1947
 that I last saw her alive on Sept 8 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 3 Days 29
 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic nephritis Duration 2 mos.

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

Due to Chronic myocarditis

10. Usual occupation retired

Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: _____

12. Name Unknown 9

Of operations _____

13. Birthplace Unknown 1
 (City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Unknown 4
 (City, town, or county) (State or foreign country)

15. Birthplace Unknown 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Wm. C. Winder

22. If death was due to external causes, fill in the following:

(b) Address Middlebrook Mo.

(a) Accident, suicide, or homicide (specify) _____

17. (a) burial (b) Date thereof 9-14-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Middlebrook Mo.

(c) Where did injury occur? _____ (City or town) (County) (State)

18. (a) Signature of funeral director Norman White & Sons

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

(b) Address Ironton Mo.

While at work? _____ (Specify type of place) (e) Means of injury _____

19. (a) Sept 18 - 1947 (b) Mr. Elizabeth Logan
 (Date received local registrar) (Registrar's signature)

23. Signature Ben W. Bull (M. D. or other) M. D.

(Date received local registrar) (Registrar's signature)

Address Ironton Mo. Date signed 9-12-47

MAY 25 1948

RECEIVED

District Health Officer No. 4

District File Number 947-1281

Date Filed 9-22-47

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 Arnel J. White

Licensed Embalmer No. 3012

P. O. Address Quinton, 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.