. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

38781

FILED DEC 2 1947

Registration District No. 1470

Primary Registration District No. 5630 3033

State File No.

Registrar's No.

53
1
2

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon
(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 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede 53
(c) City or town Lebanon 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. 5 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME James R. Winrod
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary F
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased January (Month) 23 (Day) 1862 (Year)

8. AGE: Years 85 Months 9 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Ohio (City, town, or county) 1 (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business

FATHER
12. Name George Winrod 9
13. Birthplace Unknown (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Lydia Hoskins
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Roy Brown
(b) Address Lebanon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/47 (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon Cem.
18. (a) Signature of funeral director Palmers
(b) Address Lebanon, Mo.
19. (a) Nov. 22, 1947 (Date received local registrar) (b) Org Frankeberger (Registrar's signature) 1/2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19
year 1947 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from 10-23, 1947 to 11-2, 1947
that I last saw him alive on 11-2, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis c. Hypertensive Heart Disease	
Due to	
Due to	
Other conditions: Chronic nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131B

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature J. Brummers (M. D. or other) M.D.
Address Lebanon Mo Date signed 11-19-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Received 12/1/47

[illegible] ty Health Unit

[illegible] 11-47-208

Date filed 12/1/47

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 Richard E Palmer Registered Apprentice No. 84, working under my personal supervision.

Signed Allyn D. Hosker

Licensed Embalmer No. 4333

P. O. Address Lebanon 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.