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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4372

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 31

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph 88
(c) City or town Moberly 6
(If outside city or town limits, write "RURAL")
(d) Street No. 700 No Ault 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Fannie J. Winscott
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James E. Winscott
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 22nd (Day) 1875 (Year)

8. AGE: Years 72 Months 2 Days 26 If less than one day hr. min.
9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name Joseph Bartee
13. Birthplace Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Matilda Embree
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant J. E. Winscott
(b) Address Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo
19. (a) 2-20-48 (Date received local registrar) (b) [signature] (Registrar's signature) 241

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 48 hour 10 a.m. minute M.
21. I hereby certify that I attended the deceased from March 1940 to Feb 18 1948
that I last saw her alive on Feb 10. 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolus. — Duration 3 months
Due to Tumor of the brain (metastatic)
Due to Ca. of cecum.
Other conditions (Include pregnancy within 3 months of death) 46 E
Major findings: Of operations Removal of cecum for ca. 7 years ago
Of autopsy

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)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address Boonville, Mo. Date signed 2/18/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 3-12-48

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 Frank B. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.