

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 29 1948
Registration District No. 774

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11328
Registrar's No. 8

Primary Registration District No. 6276

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Rural-Union Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Annie Louisa Winemiller

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 widowed
6. (b) Name of husband or wife Henry Winemiller 6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 27 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 12 If less than one day hr. min.

9. Birthplace Dawn Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Samuel Patrick
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ellis
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucy Barton
(b) Address Parnell, Missouri

17. (a) Burial (b) Date thereof 3-II-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheridan, Missouri

18. (a) Signature of funeral director John E. Duffell
(b) Address Grant City, Missouri

19. (a) March 16 1948 (b) John E. Duffell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Union Township
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 9
year 1948 hour 4 minute 03 P. M.

21. I hereby certify that I attended the deceased from 1948 to 3-9-48
that I last saw her alive on 3-9-
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to Coronary Occlusion
Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place)
(c) Means of injury 2

23. Signature R. J. Barton (M. D. or other) no
Address Mayfield, Mo Date signed 3-10-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Arch C. Dringler

Licensed Embalmer No.

3252

P. O. Address

Heart City 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.