S. No. 300
DM—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

13648

State File No.

FILED MAY 10 1948

Registration District No. 278 Primary Registration District No. 5954 Registrar's No. 1

82 0 0

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Rural, Peno Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RFD. Frankford Mo. / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community: 27 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Pike 82
(c) City or town: Louisiana (If outside city or town limits, write "RURAL") 2
(d) Street No.: 601 North Carolina (If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country: ____

3. (a) PRINT FULL NAME: Linnie Leota Winner
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: John Samuel
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: February (Month) 18, (Day) 1869 (Year)
8. AGE: Years 79 Months 2 Days 3 If less than one day ____ hr. ____ min.
9. Birthplace: Barry, Illinois (City, town, or county) / (State or foreign country)
10. Usual occupation: Hswfe.
11. Industry or business: home
FATHER 12. Name: William Mathew Pryor
FATHER 13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name: Rebecca Badgley
MOTHER 15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Mrs Howard Barber (daughter)
(b) Address: Louisiana, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Kinderhook, Ill.
18. (a) Signature of funeral director: Haley Mortuary
(b) Address: Louisiana, Missouri
19. (a) 4/23/48 (Date received local registrar) (b) Bernice Collier (Registrar's signature) 3711

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1948 hour 6 minute 00P. M.
21. I hereby certify that I attended the deceased from 4-7, 1948 to 4-21, 1948 that I last saw her alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	4 days
Due to: Old age + Cachexia	1 yr
Hypertensive Cardio vascular disease	yrs
& fracture of left humerus	1 wk
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 186 A
Of autopsy: 14

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): accident
(b) Date of occurrence: April 14, 1948
(c) Where did injury occur? Louisiana (City or town) Pike (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? no (e) Means of injury: Fell out of bed
23. Signature: Chas H Lewellen (M. D.) M.D.
Address: Louisiana, Mo. Date signed: 4-24-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5 48-831
Date Filed MAY 6 1948

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, ~~XXXX~~

~~XXXXXXXXXXXXXXX~~, ~~Registered Apprentice No.~~

~~working under my personal supervision.~~ X

Signed George I. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.