

Registration District No. 272

Primary Registration District No. 4K03

Registrar's No. 172

1. PLACE OF DEATH:

(a) County Remick  
(b) City or town Steele  
(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 25 years (Specify whether

In this community 25 years years, months or days)

3. (a) PRINT FULL NAME

G. B. Winklerley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 1868 years

7. Birth date of deceased May (Month)

1868 (Day) (Year)

8. AGE:

Years 80 Months 1 Days 0 If less than one day hr min

9. Birthplace Dyers Co (City, town, or county)

Illinois (State or foreign country)

10. Usual occupation retired

11. Industry or business

12. Name unknown

13. Birthplace (City, town, or county)

(State or foreign country)

14. Maiden name unknown

15. Birthplace (City, town, or county)

(State or foreign country)

16. (a) Informant J. B. Winklerley

(b) Address Steele Mo Post 13

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-48 (Month) (Day) (Year)

(c) Place: burial or cremation St. George

18. (a) Signature of funeral director W. J. ...

(b) Address ...

19. (a) 6-4-48 (Date received local registrar) (b) L. J. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Remick  
(c) City or town Steele (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1948 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 18, 1948, to May 18, 1948; that I last saw him alive on May 18, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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)

(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) (r) Means of injury

23. Signature J. J. ... (M-D. brother)

Address ... Date signed 6-1-48

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

MOTHER FATHER

38  
038

6-48-177

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.....

*Joe R. L. Howell*

Licensed Embalmer No.....

*3100*

P. O. Address.....

*Blytheville Ark*

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.