

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17150

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 156

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1115 W. 6th Sedalia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community 19 years
years, months or days

3. (a) PRINT FULL NAME CAROLINE HOOVER WINNBERG

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 Victor H. Winberg 6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased July 11 - 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 14 hr. min.

9. Birthplace Indianapolis Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John W. Hoover

13. Birthplace Redding Penn
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Mast

15. Birthplace Redding Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thelma Cook

(b) Address 1115 W. 6th Sedalia Mo.

17. (a) Burial (b) Date thereof 5-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director M. C. Laughlin Bros

(b) Address Sedalia Mo.

19. (a) 5-27-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1115 W. 6th 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 25
year 1948 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from 5-19-48 to 5-25-48
that I last saw him alive on 5-25 and that death occurred on the date and hour stated above. 19 48

Immediate cause of death Cardiac Renal Duration 5-47

Due to Hypertension 13 47

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

Major findings: Of operations no 310

Of autopsy no 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) (e) Means of injury no

23. Signature Dr. J. M. D. (M. D. or other) M.D.
Address Sedalia Mo. Date signed 5/26/48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-3-48

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

K.P.M. Lrary

Licensed Embalmer No. 3153

P. O. Address

Dedalia 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.