

BUREAU OF THE CENSUS
FILED JUL 2 1948MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21877

Nienstedt

Registration District No. 333

Primary Registration District No. 4490

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Scott
 (b) City or town Blodgett *Handy Woods*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether)
 In this community 10 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100
 (c) City or town Blodgett 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Wink Wanzan

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race C 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Annabelle Wanzan 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased ? 1848
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
100 ? ? hr. min.

9. Birthplace Dont Know England
(City, town, or county) (State or foreign country)10. Usual occupation Farming

11. Industry or business

12. Name Unknown
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant RS Hughes
 (b) Address Sikeston, Mo., R.F. D. #2

17. (a) Burial (b) Date thereof 6/18/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Place: burial or cremation McMullin, Mo.18. (a) Signature of funeral director H.W. Albritton18. (b) Address Sikeston, Mo.

19. (a) 6-29-48 (b) Mrs. P.F. Henry
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 12
 year 1948 hour 1 minute a M.

21. I hereby certify that I attended the deceased from 6-7 1948 to 6-12 1948
 that I last saw him alive on 6-7 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 132

Of autopsy.....

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) (e) Means of injury C23. Signature Wink Wanzan (M. D. or other)Address Sikeston, Mo. Date signed 6-29-48

RECEIVED

District Health Office No.

District File Number 248-8

Date Filed 7-2-4

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 John Alington
Licensed Embalmer No. 2941
P. O. Address Lefferton

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.