

FILED SEP 1 1948
Registration District No. 122

Primary Registration District No. 4246

Registrar's No. 128

1. PLACE OF DEATH
(a) County Jasper
(b) City or town Carl Junction
(c) Name of hospital or institution Ballard street
(d) Length of stay: In hospital or institution 4 years
In this community 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo.
(b) County Jasper 49
(c) City or town Carl Junction 3
(d) Street No. 21 Ballard street 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gertrude Ann Wingo
3. (b) If veteran, name was
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 14
year 1948 hour 11 minute M.
21. I hereby certify that I attended the deceased from July 30 1948 to Aug 14 1948
that I last saw her alive on Aug 14 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of stomach Duration 3 yrs

4. Sex F race W
5. Color or race W
6. (a) Single, widowed, married, divorced N
6. (b) Name of husband or wife Urgel W Wingo
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Feb 21 1886

8. AGE: 62 Years 5 Months 5 Days If less than one day

9. Birthplace Nebraska

10. Usual occupation Housewife

11. Industry or business

12. Name S.J. Taylor

13. Birthplace Va.

14. Maiden name Mary Ellen Reinberger

15. Birthplace Iowa

16. (a) Informant Urgel W Wingo

(b) Address Carl Junction Mo

17. (a) Burial (b) Date thereof 8-16-1948

(c) Place: burial or cremation Excalibur Sprng, Mo

18. (a) Signature of funeral director Doy Haley

(b) Address Carl Junction Mo

19. (a) AUG 24 1948 (b) AUG 24 1948

Due to
Due to
Other conditions
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?
Signature: A. L. Alberty
Address: Carl Junction Mo Date signed Aug 15 1948

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

MOTHER FATHER

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 Harvey E. Arner

Licensed Embalmer No. 4463

P. O. Address Windsor City, Md

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.