

Registration District No. **55**

Primary Registration District No. **5798**

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

1. PLACE OF DEATH:
 (a) County Carroll
 (b) City or town Rural, Joplin, Mo.
(If outside city or town limits, write "RURAL", and name of township)
 (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 _____
(Specify whether years, months or days)
 In this community Lifetime
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Carroll
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 8 mi. W. of Carrollton
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME REUBEN V. WINFREY
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month Oct day 10
 year 1948 hour 8 minute 00 P. M.
 21. I hereby certify that I attended the deceased from _____
Carroll, Mo. 19____, 19____
 that I last saw h. _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

4. Sex M. O. 5. Color or race W
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Francis Chandler
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 26 1876
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy A40
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

8. **AGE:** Years 72 Months 7 Days 14
 If less than one day hr. _____ min. _____
 9. Birthplace Carroll Co., Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Farming
 11. Industry or business _____
MOTHER FATHER
 12. Name James Winfrey
 13. Birthplace Mo.
 14. Maiden's name Martha Rife
 15. Birthplace Mo.

16. (a) Informant B. A. Winfrey
 (b) Address Bosworth Mo.
 17. (a) Burial (b) Date thereof 10-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Cal Hill Cem.
 18. (a) Signature of funeral director Chandler & Gibson
 (b) Address Carrollton, Mo.
 19. (a) 10/14/48 (b) Mo. Decker
(Date received local registrar) (Registrar's signature)

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 5
 23. Signature Clifford Reed (M. D. or other) Carroll
 Address Carrollton, Mo. Date signed 10/14/48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

11-1-48

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 _____

Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.