

FILED DEC 28 1948

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1094

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1345 Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 28 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1345 Washington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha A. Winn

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles H. Winn 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased December 30, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 11 17 hr. min.

9. Birthplace Bolivar, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

12. Name Flavius A. Affleck

13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Lee Wilson

15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Charles H. Winn
(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 12/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bolivar, Missouri

18. (a) Signature of funeral director Gorman-Scharpf Funeral Home
(b) Address Springfield, Missouri
(c) Means of injury _____

19. (a) 12-23-48 (b) W.S. Handley
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th,
year 1948 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from
12-6 48 to 12-17 48
that I last saw her alive on 12-10 48
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis, acute Instantaneous
Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations _____
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? _____

(Specify type of place) _____
While at work (e) Means of injury _____

23. Signature D. Lemmon (M. D. or other) _____
Address Springfield, Mo. Date signed 12-20-48

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

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 *L. Sashi Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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.