. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24365

FILED AUG 12 1946

Registration District No. 211 Primary Registration District No. 5777 Registrar's No. 8-46

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Eugene
(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
In this community years, months or days)

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

3. (a) PRINT FULL NAME Alrick David Winters
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 18 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 22 If less than one day hr. min.

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

10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Louis Winters
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Rush
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Winters
(b) Address Eugene, Mo.

17. (a) Burial (b) Date thereof 7-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jung Henry

18. (a) Signature of funeral director R. D. Rhoades
(b) Address

19. (a) July 12, 1946 (b) Mrs. Richard L. Wright
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from Aug 1946, to July 10 1946
that I last saw him alive on July 9 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	10 hrs.
Due to Arteriosclerotic Coronary Disease	5 yrs
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 M. E. Humphrey (M. D. or other) D.O.
Address Tuscumbia, Mo. Date signed 7-11-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 8-46-138
Date Filed 8-10-46

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 L. D. Phillips, Registered Apprentice No. .... working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3662

P. O. Address Cedar

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.