

No. 2  
M-5-43  
5-17-39  
X36871

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32373

FILED NOV 12 1948

State File No. \_\_\_\_\_

Registration District No. 72

Primary Registration District No. 4243289

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Clay *Gallatin Twp.*

(b) City or town Rural Winnwood North K.C.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
# 10 Highway Winnwood Add. N.K.C.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX 1  
(Specify whether years, months or days)

In this community 1 day  
(years, months or days)

3. (a) PRINT FULL NAME Larry Edward Vanwinkle

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife XXXX

6. (c) Age of husband or wife if alive XXXX years

7. Birth date of deceased January 27 1944  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>4</u>	<u>9</u>	<u>5</u>	<u>XX</u> hr. <u>XX</u> min.

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

10. Usual occupation Child

11. Industry or business XXX

MOTHER FATHER

12. Name Orey E. Vanwinkle

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

14. Maiden name Thelma Farris

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

16. (a) Informant Orey E. Vanwinkle

(b) Address Clinton Missouri

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof Nov 3 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Clinton Missouri

18. (a) Signature of funeral director Morton-Smith's F.H.

(b) Address North Kansas City Missouri

19. (a) Nov 3rd 48 (Date received local registrar)

(b) Beulah H. Fitcher (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Clinton  
(If outside city or town limits, write "RURAL") 2

(d) Street No. Clinton Missouri  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country XXXX 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2nd  
year 1948 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death accident  
run over by automobile

Due to Coroner Case

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) accident run over by automobile

(b) Date of occurrence Nov 2nd 1948 042

48 Where did injury occur? Public place, Henry rd 10, Winnwood  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place, Henry rd 10, Winnwood  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury Coroner 3

23. Signature P. W. Peatler (M. D. or other) Coroner 3

Address Special Springs, MO Date signed 10-2-48

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

*Beulah H. Fitcher*

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-10-48

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 *Theron O Smith*

Licensed Embalmer No. *3958*

P. O. Address *North KC*

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.