DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33544

FILED NOV 13 1948

Registration District No. 3042 — Primary Registration District No. 3044 — Registrar's No. 54

1. PLACE OF DEATH:

(a) County: Miller
(b) City or town: Eldon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 538 — East — 4th St 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Miller 66
(c) City or town: Eldon 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 538 — East — 4th St 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: none

3. (a) PRINT FULL NAME: Wesley-Fredrick-Winters

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Letta-Winters

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: MAY (Month) 2 (Day) 1875 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4 year 1948 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from January 20 1946 to Nov. 4 1948 that I last saw h. alive on Nov. 3 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CARDIAC FAIL	
DUE-dut CARCINOMA	
OF COLON	3 YRS
Due to: SENILITY	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: NONE
Of autopsy: NO

PHYSICIAN — Underline the cause to which death should be charged statistically.

8. AGE:	Years	Months	Days	If less than one day
	73	6	2	— hr. — min.

9. Birthplace: Miller Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business: GEN-FARMING

MOTHER FATHER

12. Name: Louis-Winters
13. Birthplace: unknown (City, town, or county) Germany (State or foreign country)
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Letta-Winters
(b) Address: Eldon Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Jim-Henry-Cem

18. (a) Signature of funeral director: Keith McKaye
(b) Address: Eldon Mo

19. (a) 11-6-48 (Date received local registrar) (b) Alexandra Walt (Registrar's signature) 1948

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: 2

23. Signature: A. F. Kirkstrasser (Name or other) DO
Address: Eldon Mo. Date signed 11/5/48

(Licensed Embalmer's Statement on Reverse Side)

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

2
43
39
36671

RECEIVED
District Health Officer No. 9,
District File Number----------
Date Filed ---------- NOV 10 1948

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 Keith M Kaye

Licensed Embalmer No. 3998

P. O. Address Eldon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.