

REC'D OCT 25 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

32747  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Marion Registration District No. 547  
(b) Township Marion Primary Registration District No. 3029 Registered No. 235  
(c) City Hannibal (d) Street No. 731 Bridge St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

George Winkler 524  
(a) Residence, No. 731 Bridge St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 5th 1846  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
92 - 5

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canton Mo

FATHER  
13. NAME William Winkler  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER  
15. MAIDEN NAME Mary Ingram  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mr Edward Winkler  
(ADDRESS) 731 Bridge Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet Cn DATE Sept-12th 1938

19. FUNERAL DIRECTOR James O'Donnell  
(ADDRESS) Hannibal Mo

20. FILED Sept. 12 1938 W.C. Fisher  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-10th-1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1938, to Sept 10, 1938  
I last saw him alive on Sept. 1, 1938 Death is said to have occurred on the date stated above, at 7:09 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Senility and mal-nutrition

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) B. J. Murphy, M. D.

(Address) Hannibal, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Michael J. O'Hanrahan, Licensed Embalmer No. 3246

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Michael J. O'Hanrahan

Licensed Embalmer No. 3246

**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.)**