

DEC 14 1938

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

38145

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 5543 Harrison Registered No. 4379
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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 William Benton Winn

(a) Residence, No. 5543 Harrison 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bunton Brown Winn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 11, 1862
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day,hrs. ormin.
76 8 27
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) Missouri.

13. NAME William Buchanan Winn
14. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Missouri Catherine Fletcher
16. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Missouri

17. INFORMANT Orden Risley
(ADDRESS) Excelsior Springs, Missouri

18. BURIAL PLACE Forest Hill Cemetery
Kansas City, Mo. DATE Nov. 10 1938

19. FUNERAL DIRECTOR (NAME) Stine & McClure
(ADDRESS) Kansas City, Missouri.

20. FILED Nov. 9, 1938 M. M. Groves
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1938, to Nov 8 1938
I last saw him alive on Nov 8 1938. Death is said to have occurred on the date stated above, at P. m. 1:20
The principal cause of death and related causes of importance were as follows:

Large fecal impaction - removed
Spasticity continued -
Vomiting several times daily
Malnutrition - gradual decline
No fever
Date of onset Don't know

Other contributory causes of importance: 1220

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
If so, specify.....
(Signed) C. M. Messman M. D.
(Address) 824 Rialto Bldg

0731524

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.