

DEC 15 1938

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

38701

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 86
(b) Township Asuninton, Primary Registration District No. 5127 Registered No. 58
(c) City St Joseph (d) Street No. 3415 South 22nd, 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 20 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary F. Winter,

(a) Residence, No. 3415 South 22nd, 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 Female 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 William W. Winter,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y 9, 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 9 22
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) DeKalb County,
(STATE OR COUNTRY) Missouri, 0

FATHER 13. NAME Jeremiah T. Thornton,
14. BIRTHPLACE (CITY OR TOWN) Callaway County,
(STATE OR COUNTRY) Missouri, 0

MOTHER 15. MAIDEN NAME Martha McConnell,
16. BIRTHPLACE (CITY OR TOWN) Andrew County,
(STATE OR COUNTRY) Missouri, 2

17. INFORMANT William W. Winter
(ADDRESS) 3415 South 22nd. Str.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Thornton, Ceme DATE Nov. 2nd 1938

19. FUNERAL DIRECTOR Heaton, B. G. & Sons
(ADDRESS) St. Joseph, Mo. Funeral Home

20. FILED Nov. 1 1938 W. H. M. Hanson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31st. 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1938 to Oct 31 1938
I last saw her alive on Oct 31 1938 Death is said to have occurred on the date stated above, at 4:50 p.m.
The principal cause of death and related causes of importance were as follows:

Nephritic Nephroses

Date of onset

1936

Other contributory causes of importance: Hb

Name of operation none Date of _____
What test confirmed diagnosis Physiol 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) J. P. Elliott M. D.

(Address) 801 1/2 Francis St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS 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, W. E. Sumner, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself Oct. 31, 1938

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed

W. E. Sumner

Licensed Embalmer No. 3007

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.)