

MAR 16 1939

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

6139  
Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 135  
(b) Township Carroll Primary Registration District No. 30.10  
(c) City Carroll (d) Street No. \_\_\_\_\_ Registered No. 29  
(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

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
515 Charles Martin Winfrey

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Allie M. Murtry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 11 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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) (STATE OR COUNTRY) Carroll Co. Mo.

FATHER 13. NAME James R. Winfrey  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Susan Adkins  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Mo.

17. INFORMANT (ADDRESS) Mrs. Chas. Winfrey  
Carroll Co. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Pl. DATE Feb 25, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stanley  
Carroll Co. Mo.

20. FILED 2-25-39 Just Haskins  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 10, 39, to Feb 23, 39,  
last saw h. alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10:40 a. m.  
The principal cause of death and related causes of importance were as follows:

myocardial decay  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Double lobar pneumonia from influenza

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? No.  
If so, specify \_\_\_\_\_  
(Signed) R. Hamilton Stator M. D.  
136 (Address) Carroll Co. Mo.

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.

RECEIVED  
District Health Officer No. 8  
District File Number  
3/19/39  
Filed

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, .....

*Ben W. Gibson*

or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton, Va.*

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.