

LET FEB 20 1939

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

6756
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 398
 (b) Township Blue Primary Registration District No. 5554 Registered No. 71
 (c) City Independence Mo. (d) Street No. 8900 Independence Ave. 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 Joseph A. Winfrey
 (a) Residence, No. 8900 Independence Ave. (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 Dottie Winfrey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20 1891

7. AGE YEARS 47 MONTHS 11 DAYS 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W.P.A.

9. Industry or business in which work was done, as saw mill, bank, etc. Labour

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) Sedalia Missouri

13. NAME Acay Winfrey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Mrs. Dottie Winfrey (ADDRESS) 8900 Independence Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Feb. 28 1939

19. FUNERAL DIRECTOR George C. Carson (ADDRESS) Independence Mo.

20. FILED 2-28 1939 F. L. Coole Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 25 1939

22. I HEREBY CERTIFY, That I attended deceased from 19, 1939
 I last saw him live on February 19, 1939. Death is said to have occurred on the date stated above, at 8:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Pneumonia & Bronchitis
Pulmonary Edema
 Other contributory causes of importance:
Acute Dil. Heart

Name of operation None Date of eyes
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) J. H. Dylorner, M. D.
 (Address) 36-42

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.

I X12504

MAY 3 1942

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.....
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)