REC'D MAR 13 1939

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

7149
Do not use this space.

1. PLACE OF DEATH
(a) County Marion — Registration District No. 547
(b) Township Mason — Primary Registration District No. 3029 — Registered No. 56
(c) or City Hannibal — (d) Street No. Levering Hospital 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 John Edward Winn
(a) Residence, No. 504 Ely St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Halliet
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March-20-1910
7. AGE: Years 28 — Months 10 — Days 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Barber
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): Frankford MO 0

FATHER
13. NAME: Issac Winn 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): — — MO 0

MOTHER
15. MAIDEN NAME: Lola Howell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): — — MO

17. INFORMANT (ADDRESS): Halliet Winn 504 Ely St. Hannibal MO
18. BURIAL, CREMATION, OR REMOVAL PLACE: Grandview Burial Park DATE: Feb-5th-1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): James O'Donnell Hannibal Mo
20. FILED: Feb. 15 1939 W. C. Fisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb-3rd-1939
22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to Feb 3, 1939
I last saw him alive on Feb 3, 1939 Death is said to have occurred on the date stated above, at 11 45 a.m.
The principal cause of death and related causes of importance were as follows:
Rheumatic endocarditis 56a
Embolism Iliac
Date of onset
Other contributory causes of importance:
ac. rheumatic fever
Name of operation: mrg. Date of
What test confirmed diagnosis? Clin 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?
If so, specify
(Signed) [signature], M. D.
(Address) 488 [illegible] Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed Michael J O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.