

DESD JUN 8 1939

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

17752
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 1 Registration District No. 399
 (b) Township Kew Primary Registration District No. 1002 Registered No. 2154
 (c) City Kansas City (d) Street No. St. Luke Hosp- 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

516 Denzel Margaret Winfrey
 (a) Residence, No. RR #2 Bosworth, Mo. 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 Chester Winfrey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1906
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 Unknown
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Missouri

FATHER 13. NAME Bud Carroll

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Link Finley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (NAME) (ADDRESS) Mr. Chester Winfrey
Bosworth, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bosworth, Mo. DATE July 25, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ross & Nelson
15 Jackson

20. FILED May 23 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1939, to May 23, 1939

I last saw him alive on May 22, 1939 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

acute General Peritonitis
121
 Other contributory causes of importance:
acute Perforating appendicitis

Date of onset
May 18
May 15

Name of operation none Date of clinical
 What test confirmed diagnosis? fructose 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) F. C. Kathan, M.D.
 (Address) 624 Professional Bldg

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

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.