

390 OCT 12 1939

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

32196
Do not use this space.

1. PLACE OF DEATH
 (a) County clay Registration District No. 201
 (b) Township liberty Primary Registration District No. 5280
 (c) City Liberty (d) Street No. _____ 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 523 Mary Francis Winston
 (a) Residence, No. _____ 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 7 16

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) Gene no 0

FATHER
 13. NAME O Fallen Bush 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty 1
no.

MOTHER
 15. MAIDEN NAME Sarah Nancy Harris
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston
W. Virginia

17. INFORMANT Mrs Carl Bogart
 (ADDRESS) Liberty Missouri Mo. 64

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fairview DATE Sept 12 1939

19. FUNERAL DIRECTOR Brothers & Jennings
 (ADDRESS) Liberty no

20. FILED Sept 15 1939 W. H. Shofer 90
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1938, to Sept 11 1939
 I last saw her alive on Sept 11 1939. Death is said to have occurred on the date stated above, at 5:45 m.
 The principal cause of death and related causes of importance were as follows:
Hypostatic Pneumonia
Cerebral Thrombosis
General Arteriosclerosis
 Other contributory causes of importance:
g2b

Date of onset Sept 3 1939

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) Burtone Maltby M. D.
 (Address) Liberty Mo

Every item of information should be carefully checked. A record should be kept of every item of information so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Victor E. Swinger, Licensed Embalmer No. 2896

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Victor E. Swinger
Licensed Embalmer No. 2896

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.)