

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEC 11 1939

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

38975  
Do not use this space.

1. PLACE OF DEATH *Room 2*

(a) County *Columbia* Registration District No. *73*

(b) Township *Columbia* Primary Registration District No. *3006*

(c) City *Columbia* (d) Street No. \_\_\_\_\_ St.

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Rebecca Winn*

(a) Residence, No. *716 West* St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Levi Winn (Dec)*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *3-3-1855*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>84</i>	<i>8</i>	<i>17</i>	

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. *at Home*

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) *Cumpton County Georgia* (STATE OR COUNTRY)

FATHER

13. NAME *John Stowers*

14. BIRTHPLACE (CITY OR TOWN) *Georgia* (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME *Caroline Butler*

16. BIRTHPLACE (CITY OR TOWN) *South Carolina* (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) *Lauren C. Winn Columbia Mo. S. No.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Salt River ch Cem Adm'n* DATE *11-22-1939*

19. FUNERAL DIRECTOR (NAME) *McPheeters Bros.* (ADDRESS) *Mexico, Mo.*

20. FILED *11/22/1939* *Allie Selby* Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-20*, 19*39*

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_.

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

*chronic heart sufferer. Fall from the floor & died in one of these attacks*

Date of onset \_\_\_\_\_

Other contributory causes of importance: *95 1/2*

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? *heart attack* (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) *M. R. Leason Covner* M. D. (Address) *Columbia, Mo.*

**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 W. H. VanderVenter

Licensed Embalmer No. 2494

P. O. Address Columbia, Me

**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.**