

44780

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 6042

Registration District No. \_\_\_\_\_

Primary Registration District No. 728

## 1. PLACE OF DEATH

(a) County Saline  
(b) City or town Rural - Blackwater  
(If outside city or town limits, write "RURAL" and name of township)(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ Life (Specify whether years, months or days)8. (a) PRINT FULL NAME Evans D. Wingfield 521

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 4 1869  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
70 7 28 hr. min.9. Birthplace Marshall Mo  
(City, town, or county) (State or foreign country)10. Usual occupation Laborer

## 11. Industry or business

12. Name C. C. Wingfield18. Birthplace Virginia  
(City, town, or county) (State or foreign country)14. Maiden name Rachel Lockney15. Birthplace unknown  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Geo. Barron(b) Address Marshall Mo17. (a) Burial (b) Date thereof Dec. 4 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ridge Park18. (a) Signature of funeral director Red Short(b) Address Marshall Mo19. (a) Dec 29 1939 (b) C. D. Chiswell  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? Life years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2  
year 1939 hour about 7 P.M. minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from held  
Inquest Dec 2, 1939 to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Being struck by Duration \_\_\_\_\_a moving automobile, whilewalking on Highway 40, abouttwo to three miles west ofjunction 40 Highway and 65South Highway

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_Of autopsy no

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_23. Signature B. C. Brachman (M. D. or other) \_\_\_\_\_Address Arson Rock Mo. Date signed Dec 2(Licensed Embalmer's Statement on Reverse Side) Coron of Saline County

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

MARGIN RESERVED FOR BINDING

Rev. 5-17-39  
50M-5-17-39  
1 X 10811

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**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 Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall, MD

**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.**