

FILED FEB 13 1940

Registration District No. 291

Primary Registration District No. 5813

Registrar's No. _____

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town RURAL
(c) Name of hospital or institution:
Buffalo Township
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON
(c) City or town RURAL
(d) Street No. BUFFALO TWP.
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME LILLIE BELLE WINCHESTER
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 28 day December
year 1939 hour 6 minute P. M.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife ASA WINCHESTER
(c) Age of husband or wife if alive 62 years
7. Birth date of deceased OCTOBER 12, 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw her alive on 12-28, 1939; and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 2 Days 16
If less than one day _____ hr. _____ min.

Immediate cause of death Organic heart attack
Due to dropped dead while milking a cow.
Due to Natural causes

9. Birthplace NEWTON COUNTY MISSOURI
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation AT HOME
11. Industry or business _____
12. Name THOMAS D. ANDERSON
13. Birthplace UNKNOWN TENN.
(City, town, or county) (State or foreign country)
14. Maiden name MARGARET PAUL
15. Birthplace UNKNOWN ILLINOIS
(City, town, or county) (State or foreign country)

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? _____
(Specify type of place)

16. (a) Informant's own signature Lilla Winchester
(b) Address Neosho mo R#4
17. (a) Burial (b) Date thereof 12-30-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Gibson Cemetery
18. (a) Signature of funeral director Barley Thompson
(b) Address Neosho Missouri
19. (a) Jan 1, 40 (b) Mesle Spartin
(Date received local registrar) (Registrar's signature)

23. Signature Barley Thompson Leonie
Address Neosho Mo. Date signed 12-29-39
(M-Declarer)

WHILE I PRINT USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I X1051

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.

RECEIVED

District Health Officer No. 6,

District File Number 2460-386

Date Filed FEB 1 6 1940

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.....

Gail K. Gay, Registered Apprentice No. 189
working under my personal supervision.

Signed Barley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Missouri

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.