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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18623

Registration District No. 660

Primary Registration District No. 5878

Registrar's No. _____

1. PLACE OF DEATH:

(a) County PERRYVILLE

(b) City or town RURAL Carrollton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
PERRYVILLE R.F.D. #3
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI

(b) County PERRY 79

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #3 0
(If rural, give location)

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

3. (a) PRINT FULL NAME CAROLINE WINFIELD

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife GEORGE W. WINFIELD

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased SEPTEMBER 19 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 5 26 hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15
year 1941 hour 5:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 1 1941
Mar 15 1941 to Mar 1 1941;
that I last saw her alive on _____, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions Carcinoma of chin
(Include pregnancy within 3 months of death) for 12 yrs

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace BERRY COUNTY MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name JOSEPH R. FERGUSON

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name LUCINDA JOHNSON

15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mary R. Ratcliff

(b) Address PERRYVILLE, MO.

17. (a) BURIAL (b) Date thereof MARCH 17 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GEORGE MT. HOPE CHAPEL

18. (a) Signature of funeral director Ray Samuel Stone

(b) Address PERRYVILLE, MO.

19. (a) 3-16-41 (b) Joseph Zoller
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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?
5-95 (Specify type of place)
While at work? Spaul Bailey M.D. (e) Means of injury 0

23. Signature Spaul Bailey M.D. (M. D. or other) 0

Address Perryville Date signed 3/15/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

9
5
6

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, fact should be so stated above.