V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

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

MENT OF COMMERCE
EAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25000

Registration District No. 288 Primary Registration District No. 4172 Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: Pressnell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community Life 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

(c) City or town Kennett 035
(If outside city or town limits write "RURAL") 2

(d) Street No. 800 South main 2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Clinton Wininger

3. (b) If veteran, name war X

3. (c) Social Security No. <

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Infant 0

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 23 (Day) 1941 (Year)

8. AGE: Years | Months 3 | Days 10 | If less than one day hr. min.

9. Birthplace Kennett (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Charles Wininger
13. Birthplace Knox County (City, town, or county) Ind (State or foreign country)

MOTHER
14. Maiden name Mary Brieff
15. Birthplace Holcomb (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mary Wininger
(b) Address Kennett, Mo 800 S. main

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 3 (Day) 41 (Year)
(c) Place: burial or cremation Piggott, Ark

18. (a) Signature of funeral director E. Emerson, Burns
(b) Address Hornersville, Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
year 1941 hour 12:30 minute a M.

21. I hereby certify that I attended the deceased from 8-1-41, 19..., to 8-3-41, 19...;
that I last saw him alive on 8-3-41, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Enteric Colitis Dehydration Sinus	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

119a

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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)
While at work? (e) Means of injury

23. Signature G. R. Pressnell (M. D. or other) Dno
Address Kennett, Mo Date signed 8-3-41

401

(Licensed Embalmer's Statement on Reverse Side)

AUG 16 1941

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, above space should be left blank.