

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin
 (b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
Kennett
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Marlon L. Winingar

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race W6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife

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

7. Birth date of deceased April 23 - 1941
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
3 3 - hr. min.9. Birthplace Kennett Mo
(City, town, or county) (State or foreign country)10. Usual occupation Infant

11. Industry or business

12. Name Charles Winingar13. Birthplace Knox County, Ind
(City, town, or county) (State or foreign country)14. Maiden name Mary15. Birthplace Holtcomb Mo
(City, town, or county) (State or foreign country)16. (a) Informant Mary Winingar(b) Address Kennett, Mo. 800 South Main17. (a) Burial (b) Date thereof 7-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Prigott, Ark18. (a) Signature of funeral director Thompson-Burns(b) Address Hornersville, Mo

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
 (c) City or town Kennett
(If outside city or town limits, write "RURAL")
 (d) Street No. 800 South Main
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1941 hour 12:05 minute 2 M.21. I hereby certify that I attended the deceased from July 23
1941, to July 24, 1941.that I last saw him alive on July 29, 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Influenza Colitis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

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 E. W. Russell M.D. (M.D. or other)Address Kennett Mo Date signed 7/29/41

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

OCT 13 1944

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.