

FILED NOV 17 1941

Registration District No. **26**

Primary Registration District No. **3084**

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

1. PLACE OF DEATH:

(a) County **Audrain**  
(b) City or town **Mexico Rural - Salt River Twp**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **none**  
(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** years, months or days

3. (a) PRINT FULL NAME **Joseph Edward Winant**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **W**  
6. (b) Name of husband or wife **Susie Winant**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Oct. 26, 1863**  
(Month) (Day) (Year)

8. AGE: Years **77 7/8** Months **11** Days **3 1/2**  
If less than one day hr. \_\_\_\_\_ min.

9. Birthplace **Audrain County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name **Wm. Winant**  
13. Birthplace **DK 9**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mina Watts**  
15. Birthplace **unknown 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. E. Byars**

(b) Address **Mexico, Missouri**

17. (a) **Burial** (b) Date thereof **10/3/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union (Audrain County)**

18. (a) Signature of funeral director **One Amosly**

(b) Address **Mexico, Missouri**

19. (a) **October 2 1941** (b) **Blanche Neely**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Audrain**  
(c) City or town **Mexico Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R. F. D. #2 Mexico**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **1**  
year **1941** hour **4** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **Oct 1 1941 to Oct 1 1941**  
that I last saw him alive on **Oct 1 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy**  
Due to **arterio-sclerosis** years

Due to **residuity**

Other conditions (Include pregnancy within 3 months of death) **830**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **R. D. Williams** (M. D. or other) **M.D.**  
Address **and vicinity** Date signed **10/2/41**

RECEIVED

District Health Officer No. 10

District File Number 11-41-2057

Date Filed NOV 14 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.....

*Chas. Arnold*

Licensed Embalmer No. 3569

P. O. Address Mixed

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.