

JAN 10 1942 899

Primary Registration District No. 6202

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Wibata HAAIUMAR!

(b) City or town Seymour Rural Rural

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community..... (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wibata 3

(c) City or town Seymour Rural 117

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

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME Robert Phillip W. NNINGHAM

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mary B. 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Nov-22-1869

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 0 23 hr. min.

9. Birthplace Wibata Co. Mo

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Samuel W. Winingham

13. Birthplace Texas

(City, town, or county) (State or foreign country)

14. Maiden name Hiley O. Kelly

15. Birthplace Unknown

(City, town, or county) (State or foreign country)

16. (a) Informant Mary B. Winingham

(b) Address Seymour, Mo

17. (a) Burial (b) Date there Dec. 17, 1941

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seymour, Mo

18. (a) Signature of funeral director Kelley Funeral

(b) Address Seymour, Mo

19. (a) Dec-22-41 (b) Robert Phillip W. Nningham

(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1941 hour 7 minute 10 PM

21. I hereby certify that I attended the deceased from Nov 1-41 to Dec 7-41; that I last saw him alive on Dec 7-41; and that death occurred on the date and hour stated above.

Immediate cause of death Dropsy

Due to Multiple emphysema

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 92 lb

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature W. F. Behrman (M. D. or other) 11/22/41

Address Ningua Mo Date signed 11/22/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

117
00

RECEIVED
District Health Officer No. 6,
District File Number 142-21
Date Filed JAN 8 1942

STATEMENT BY LICENSED EMBALMER
This Body Was not embalmed

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 J. K. Kelley
Licensed Embalmer No. 3334
P. O. Address Seymour, Miss

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.