

FILED MAR 13 1942 927

Registration District No. 282

Primary Registration District No. 4523 4570

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Shelby  
(b) City or town Clarence mo  
(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...  
In this community, 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby  
(c) City or town Clarence  
(d) Street No. ....  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME John L. Wingate

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Mammie S. Wingate (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased Feb 7 - 1868

8. AGE: Years 73 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Shelby Mo

10. Usual occupation Decorator

11. Industry or business Newton S. Wingate

MOTHER FATHER { 12. Name Newton S. Wingate  
13. Birthplace 9  
14. Maiden name Maggie Ednell  
15. Birthplace Shelby Mo

16. (a) Informant Mrs. Rose Stalock  
(b) Address 15 Kansas City Mo

17. (a) Burial (b) Date thereof Feb 13 - 42  
(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director William H. Banker  
(b) Address Clarence Mo

19. (a) Feb 19 - 42 (b) Madge Wood  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11 year 1942 hour 5 minute a. M.

21. I hereby certify that I attended the deceased from Dec 14 1940 to Feb 11 1942  
that I last saw him alive on Feb 10 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 15 months

Due to...  
Due to...  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 940  
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? (c) Means of injury.....  
23. Signature D. L. Hulan (M. D. or other) M.D.  
Address Clarence mo Date signed Feb 12 1942

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

RECEIVED

District Health Officer No. 10

District File Number 10-42-318

Date Filed MAR 10 1942

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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 Harold E. Million

Licensed Embalmer No. 3957

P. O. Address Shelbina Mo.

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.