

FILED APR 1 1942

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1062

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

1. PLACE OF DEATH:

(a) County. Jackson

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

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

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

In this community. 18 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Kansas (b) County. Wyandotte 999

(c) City or town. Kansas City 14
(If outside city or town limits, write "RURAL")

(d) Street No. 4314 Adams
(If rural, give location)

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

If yes, name country. 2

3. (a) PRINT FULL NAME ELISHA HOUSTON WINKLER

3. (b) If veteran, name war. No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife. Laura Dayton Winkler

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

7. Birth date of deceased. July 1 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>8</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace. Unknown Tenn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business. Self

12. Name. Thomas Winkler

13. Birthplace. Unknown Virginia 1
(City, town, or county) (State or foreign country)

14. Maiden name. Maria Mills

15. Birthplace. Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Arthur Upton

(b) Address. 4314 Adams, K.C.K.

17. (a) Burial (b) Date thereof. March 15 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Belton, Missouri

18. (a) Signature of funeral director. Water Funeral Home

(b) Address. 1901 Olathe Blvd., K.C.K.

19. (a) 3-14-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1942 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1942
19____, to March 13, 1942
that I last saw him alive on March 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Myocarditis 1 year

Due to. 938

Due to. Arterio Sclerosis 10 yrs

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

Major findings: _____
Of operations. no
Of autopsy. no

Duration

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. M. M. Crowe (Mr. D. or other) 0
Address. 7150 Argyle Rd. K.C. Mo 64114-42 signed _____

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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.....

Jimmy S. Shepshon
Licensed Embalmer No. *4092*
P. O. Address *Kansas City, Kansas*

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.