V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17765

State File No. [illegible]

Registration District No. 198 Primary Registration District No. 3011 Registrar's No. 82

24
1
1

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Sprgs Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Royal Hotel 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 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clay 24
(c) City or town Excelsior Spring Mo 1
(If outside city or town limits, write "RURAL")
(d) Street No. Royal Hotel 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Winn
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Charles D. Winn
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased May (Month) 15 (Day) 1862 (Year)

8. AGE: Years 79 Months 11 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Rev. Byard Waller 1
13. Birthplace (City, town, or county) S. Carolina (State or foreign country)
MOTHER
14. Maiden name Julia Higginbottom
15. Birthplace (City, town, or county) S. Carolina (State or foreign country)
16. (a) Informant Mrs. Dodd Denham
(b) Address 4400 Paseo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-7-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Kearney, Mo.
18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Mo.
19. (a) 5-7-42 (Date received local registrar) (b) Mrs Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1942 hour 11 minute 30 P. M.
21. I hereby certify that I attended the deceased from April 23rd, 1942, to May 4, 1942;
that I last saw her alive on May 4, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Streptococcus Infection of Kidneys & Bladder — Duration 11 days
Due to Myocarditis
Due to Albuminuria
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 24 P
Of autopsy 0

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) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0 (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? 0 (e) Means of injury 0
23. Signature S. R. McCracken (M. D. or other) MD
Address Excelsior Sprg Mo Date signed 5/4/42

1166 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-9-42

DEC 16 1950

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 Clarence H Chiles

Licensed Embalmer No. 3473

P. O. Address Kc 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.