

S. No. 2  
M-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED OCT 24 1942**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33026  
State File No. \_\_\_\_\_  
Registrar's No. **3813**

Registration District No. **149** Primary Registration District No. **1002**

48  
83  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **General Hospital No. 2**  
(d) Length of stay: In hospital or institution **32 years**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(d) Street No. **1624 Harrison**  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **ROBERT WINN**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **October** day **8** year **1942** hour **2** minute **45** p.m.

4. Sex **Male** 5. Color or race **Negro**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Sillian** 6. (c) Age of husband or wife if alive **44** years  
7. Birth date of deceased **July 7 1898**

21. I hereby certify that I attended the deceased from **September 26 1942** to **October 8 1942** that I last saw him alive on **October 8 1942** and that death occurred on the date and hour stated above.

Immediate cause of death: **Pulmonary Embolism and Infarction** Duration \_\_\_\_\_

8. AGE: Years **50** Months **3** Days **1** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to **Subacute bacterial endocarditis**

9. Birthplace **Shreveport Louisiana**  
10. Usual occupation **None**

Due to **9/2**

11. Industry or business \_\_\_\_\_  
12. Name **Dread Winn**  
13. Birthplace **Louisiana**  
14. Maiden name **Eliza Houston**  
15. Birthplace **Louisiana**

Other conditions \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy **Same as above**

MOTHER FATHER

16. (a) Informant **Record Clerk**  
(b) Address **General Hospital No. 2**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) **Burial** Date thereof **10-14-42**  
(c) Place: burial or cremation **Lincoln Brady Funeral Home**

(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director **1708 Oracy**  
(b) Address \_\_\_\_\_  
19. (a) **10-15-42** (b) **Mr. M. Crowe**

23. Signature **[Signature]** (M. D. \_\_\_\_\_)  
Address **Gen. Hosp. #2-6006-22** Date signed **10-12-42**

H3:92

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 \_\_\_\_\_  
Licensed Embalmer No. 1271  
P. O. Address R. C. 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.