

5-17-39  
PI X23159  
FILED DEC 5 1942  
Registration District No. 128

Primary Registration District No. 2000

39  
62

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

1. PLACE OF DEATH:

(a) County Brunswick

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

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

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

In this community 29 years, months or days

3. (a) PRINT FULL NAME LUVENA JANE WINKLER

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Joseph Winkler 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased January 20 1857  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>10</u>	<u>9</u>	hr. _____ min.

9. Birthplace Ironton Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Postmistress

11. Industry or business U.S.A.

12. Name Racil Haisley

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

14. Maiden name Unknown Brown

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

16. (a) Informant Mr. Karwe M. Alday

(b) Address Springfield, Mo. 4 No.

17. (a) Burial (b) Date thereof 11/30/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek

18. (a) Signature of funeral director H. C. Cliseme

(b) Address Springfield, Mo.

19. (a) 11-30-42 (b) H. C. Cliseme  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Brunswick

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

(d) Street No. None  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29  
year 1942 hour 8 minute A M.

21. I hereby certify that I attended the deceased from November 15, 1942 to November 29, 1942; that I last saw her alive on November 28, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of neck right femur ✓ 11/15/42

Due to Hypostatic bronchopneumonia 11/22/42

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 195e!

Major findings: 19

Of operations 11

Of autopsy \_\_\_\_\_

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 Robert Selby (M. D. or other) John  
Address Springfield Date signed 11/30/42

**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 F. C. Ureane

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.

X