S. No. 2
M—5-42
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41250

State File No.

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 121

1. PLACE OF DEATH:

(a) County Macon

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

(c) Name of hospital or institution: Honsingers Hospital 0 (If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon 61

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Lorene Winkler

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

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

6. (b) Name of ~~husband or~~ wife Dewey Winkler

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

7. Birth date of deceased Jan (Month) 14" (Day) 1910 (Year)

8. AGE: Years 33 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Macon Co. Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Fred Sandner
13. Birthplace DK 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nellie White
15. Birthplace Macon Co, Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Dewey Winkler

(b) Address Macon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-42 (Month) (Day) (Year)

(c) Place: burial or cremation Friendship Cem.

18. (a) Signature of funeral director Stephens & Goodding

(b) Address Macon, Mo.

19. (a) 1/5/43 (Date received local registrar) (b) Nora B. Hunckler (Registrar's signature)

1037

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21" year 1942 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 12, 1942, to Dec 21, 1942; that I last saw her alive on Dec 21, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolism	45 min
Due to Operation & anaesthetic	
Due to appendicitis	9 Days
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations abscessed in appendix	
Of autopsy	

111A

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? (e) Means of injury

23. Signature E. S. Honsinger (M. D. or other) DO.

Address Macon, Mo. Date signed 1-5-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-43-126
Date Filed Jan 13 1943

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 C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.