

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 5 1948 49
Registration District No. 5 1948 49

Primary Registration District No. 1002

Registrar's No. 875

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:
Pickwick Hotel 3 10th + me st
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Unknown
(Specify whether
In this community Unknown, years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County 991
(c) City or town Hopkinsville, 15
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1209 Virginia
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X 2

3. (a) PRINT FULL NAME Benjamin S. Winfree, Jr.
3. (b) If veteran, name war World War #2 3. (c) Social Security No. Unknown,

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 17th
year 1943 hour 1:25 minute P. M.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Unknown,
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Coroner, 19...
that I last saw him alive on, 19...
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
21 hr. min.

Immediate cause of death Legionnaire's pneumonia
Due to H. influenza
Due to H. influenza
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Unknown (City, town, or county) (State or foreign country) 9
10. Usual occupation Cadet
11. Industry or business X

Major findings:
Of operations
Of autopsy see above
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Col. Benjamin S. Winfree,
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown,
15. Birthplace Unknown, (City, town, or county) (State or foreign country) 9

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence 2/17/43
(c) Where did injury occur? K.C. Mo. Jackson Co. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in Hotel (Specify type of place) look
While at work? no (e) Means of injury poison
23. Signature [Signature] (M. D. or other)
Address K.C. Mo. Date signed 2/18/43

16. (a) Informant Col. Benjamin S. Winfree,
(b) Address Box 56, Hopkinsville, Kentucky,
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Hopkinsville, Kentucky
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 2-19-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

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

MAR 22 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.....

Licensed Embalmer No.....

P. O. Address.....

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.