

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

LED MAR 11 1943

Registration District No. 228

Primary Registration District No. 5908

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Montgomery

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

(c) Name of hospital or institution: None Bear Creek Inn?
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 60 years

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME SIMON FRED WINTER

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sylvia Augusta Winter 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Dec 1 1867
(Month) (Day) (Year)

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

75 | 1 | 4 | hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Henry August Winter

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

14. Maiden name Mary Baughman

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

16. (a) Informant Mrs S F Winter

(b) Address Leage Mo

17. (a) Burial (b) Date thereof Jan 6 1943
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belly Lower Cemetery

18. (a) Signature of funeral director Jamar

(b) Address Montgomery Ct Mo

19. (a) 1-20-43 (b) L. Jeffries
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1943 hour 10 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 4 1943, to Jan 4 1943
that I last saw him alive on Jan 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to hyper tension 5 years

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings:
Of operations _____
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 W. J. Walling (M. D. or other) MD
Address Wellsville Date signed 1/27/43

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 Joseph A Marlow
Licensed Embalmer No. 3658
P. O. Address Wentzley City

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.