

FILED MAR 22 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 240

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution:
2319 Francis Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not (Specify whether)

In this community 65 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2319 Francis Street
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Ella Winter

3. (b) If veteran, name war No

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 Lewis Winter

6. (c) Age of husband or wife if alive 13 years (Day) (Year)

7. Birth date of deceased September 13 1865
(Month) (Day) (Year)

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

77 5 7 hr. min.

9. Birthplace Fort Atkinson Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name George Drake

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

{ 14. Maiden name Unknown

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

16. (a) Informant Leroy Stroud

(b) Address 2319 Francis St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 2-22-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 13th. & Farson St. St. Joseph, Mo

19. (a) 2-22-43 (b) Rae Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20th.
year 1943 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 20
1943 to Feb. 20 1943

that I last saw h. et. alive on 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thromb

Due to arterioscl. gen

Due to Myocard. Chr.

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

Of autopsy none

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 home (Specify type of place)

(e) Means of injury _____

23. Signature Frank H. DeGarin (M. D. or other)

Address 670 Francis Date signed 2/24/43

Duration 2/20/43

10/1937

10/1937

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Geo E Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri

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.