

FILED MAY 11 1943

Registration District No. 112

Primary Registration District No. 5428

Registrar's No. 42

1. PLACE OF DEATH

(a) County Franklin  
(b) City or town Gerald, Mo. Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Boono Inn  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Fred Winter

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married Married

6. (b) Name of ~~husband~~ or wife Rosa Winter

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased February 24 1895  
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Strain Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name John C. Winter

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

14. Maiden name Smith

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

16. (a) Informant Rosa Winter

(b) Address Gerald, Mo.

17. (a) Burial St. Paul's Cemetery  
(Burial, cremation, or removal) (b) Date thereof Apr 6 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Cemetery

18. (a) Signature of funeral director Kenneth P. Oltmann

(b) Address Gerald, Mo.

19. (a) 4/5/43 (b) A. D. Oltmann  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town Gerald, Mo. Rural  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 3  
year 1943 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Apr 3 1943 to Apr 3 1943  
that I last saw him alive on Apr 3 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic Apoplexy  
Chronic Arterial Hypertension

Due to Chronic Arterial Hypertension

Due to Chronic Arterial Hypertension

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations No operation  
Of autopsy No autopsy

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 Stroke

23. Signature H. J. Matthey (M. D. or other) \_\_\_\_\_  
Address St. Louis, Mo. Date signed 4-4-43

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

3600

157

**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..... *Ernst A. Dittmann* .....

Licensed Embalmer No. *4054* .....

P. O. Address. *Keokuk, 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.**