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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28310

State File No.

Registrar's No. 649

AUG 23 1943

38/28

Primary Registration District No. 2000

1. PLACE OF DEATH: **GREENE**

(a) County **GREENE**

(b) City or town **SPRINGFIELD**

(c) Name of hospital or institution: **2140 N. ROGERS.**
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution **36 YR.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **39**

(a) State **MO.** (b) County **GREENE** **2**

(c) City or town **SPRINGFIELD** **6**
(If outside city or town limits, write "RURAL")

(d) Street No. **2140 N. Rogers**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **ALBERT N. WINANS.**

3. (b) If veteran, name war **Unk.** 3. (c) Social Security No. **Unk.**

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

6. (b) Name of husband or wife **NELLIE G. WINANS** 6. (c) Age of husband or wife if alive **Unk.** years

7. Birth date of deceased **July 19th 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	20	21	hr. min.

9. Birthplace **SCOTT CO. IOWA**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED PAINTER**

11. Industry or business **PAINTING.**

12. Name **GEORGE WINANS**

13. Birthplace **Unk. UNKNOWN?**
(City, town, or county) (State or foreign country)

14. Maiden name **Unk. UNKNOWN?**

15. Birthplace **Unk. UNKNOWN?**
(City, town, or county) (State or foreign country)

16. (a) Informant **Nellie G. Winans**

(b) Address **SPRINGFIELD MO.**

17. (a) **Funeral** (b) Date thereof **Aug 11-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cem**

18. (a) Signature of funeral director **J. W. Kingner**

(b) Address **SPRINGFIELD MO.**

19. (a) **8-10-43** (b) **O. W. Haulley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **10**
year **1943** hour **1** minute **14** A. M.

21. I hereby certify that I attended the deceased from **June 2-43**
....., 19....., to **Aug 10**, 19 **43**
that I last saw him alive on **Aug 9**, 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Valvular**
myocardial infarction, 3 mos

Due to.....

Due to.....

Other conditions **myocarditis**
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy **NO**

22. If death was due to external causes, fill in the following: **NO**

(a) Accident, suicide, or homicide (specify) **NO**

(b) Date of occurrence.....

(c) Where did injury occur? **Home**
(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 **NO**

23. Signature **L. F. Kiser** (M. D. or other)
Address **636 E. Grand** Date signed **8/10/43**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

69
62
6

AUG 30 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

J. B. Klingner

Licensed Embalmer No. 3358

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.

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