

M-2-43
5-17-39
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FILED SEP 4 1943

3055

State File No. _____
Registrar's No. 32

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Polk

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

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

(d) Length of stay: In hospital or institution _____
In this community all but five years of her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Bolivar
(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 Mary Frances Winn

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept
1942 to aug 11 1943
that I last saw her alive on aug 10 1943
and that death occurred on the date and hour stated above.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife R. J. Winn

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

7. Birth date of deceased: July 31 1867
(Month) (Day) (Year)

Immediate cause of death: Hypostatic Pneumonia Duration 3 days

Due to Chronic myocarditis 5 yrs

Generalized arteriosclerosis

Due to Cerebral apoplexy 6 mos

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 76 Months 0 Days 11
If less than one day _____ hr. _____ min.

9. Birthplace Bolivar Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name J. G. Bechow

13. Birthplace Bolivar Mo 1
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ 2
(City, town, or county) (State or foreign country)

Major findings: 93d

Of operations _____

Of autopsy _____

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

16. (a) Informant B. J. Winn

(b) Address Bolivar Mo

17. (a) Burial (b) Date thereof 8-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Zutcheson & Co.

(b) Address Bolivar, Missouri

19. (a) Aug 17, 1943 (b) Alma Palen
(Date received local registrar) (Registrar's signature)

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 Doyle C McCraw (M. D. or P.O.S.)
Address Bolivar Mo Date signed 8-17-43

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

12941

RECEIVED

District Health Officer No. 7,

District File Number

8-43-850

Date Filed

9-2-43

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.....

Carl Pitts

Licensed Embalmer No.....

3746

P. O. Address.....

Bolivar, Md

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.