S. No. 2
M—2-43
5-17-39
I X3569

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31942

FILED SEP 21 19[illegible]

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3753

1. PLACE OF DEATH:

(a) County Jackson,

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

(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 6-31-43 (Specify whether
In this community Since 1879 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")

(d) Street No. 624 East 54th Street, 6
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME John B. Winters,

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 Widowed,

6. (b) Name of husband or wife Ella Hamilton Winters

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

7. Birth date of deceased November (Month) 12 (Day) 1859 (Year)

8. AGE: Years 83 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Pennsylvania (City, town, or county) 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Painting Contractor

FATHER
12. Name Unknown,
13. Birthplace Unknown, (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown,
15. Birthplace Unknown, (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mr. McBride,
(b) Address c/o Union National, K. C., Mo.

17. (a) Internment (Burial, cremation, or removal) (b) Date thereof 8-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Abbey,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 8-30-43 (Date received local registrar) (b) Def. P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28th year 1943 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from May 3, 1943 to Aug 28, 1943 that I last saw h alive on Aug 28, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure: — Duration

Due to (1) Ch. Myocarditis —
(2) " Dilatation
Due to (3) Coronary Sclerosis

Other conditions Hypertension
(Include pregnancy within 3 months of death)
General arteriosclerosis

Major findings:
Of operations none 93 J

Of autopsy none Done

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. P. Monahan (M. D. or other)
Address Date signed 8/30/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Monahan
Argyle Bldg
311

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.....

Licensed Embalmer No.....

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.