

No. 2
5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31904

State File No.

ED OCT 13 1943
Registration District No. 1205

Primary Registration District No. 5585

Registrar's No. 184

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural - Madison Township
(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) 1

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community..... 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 049

(a) State Missouri (b) County Jasper

(c) City or town Rural - Madison Township
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1, Carthage
(If rural, give location)

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

If yes, name country..... 0

3. (a) PRINT FULL NAME CLAUDETTA FAYE WINGO

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased September 6, 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>0</u>	<u>17</u>	hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Claude Wingo

13. Birthplace Dallas Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Marjorie Wooten

15. Birthplace Dallas Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Claude Wingo

(b) Address Route #1, Carthage, Mo.

17. (a) Burial (b) Date thereof 9-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macedonia Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison Carthage, Mo.

19. (a) Sept 25 '43 (b) E. Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23,
year 1943 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from April 10, 1943, to Sept 23, 1943;
that I last saw him alive on Sept 17 1943, 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart Dilatation

Due to Born that way.

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: 1572
Of operations.....

Of 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) Means of injury.....

23. Signature [Signature] (M. D.)
Address Carthage Mo. Date signed 9/25/43

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

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

1205

(Licensed Embalmer's Statement on Reverse Side)

43-9-845

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..... *E. D. [Signature]*
.....
Licensed Embalmer No. *2272*
P. O. Address..... *Carthage*

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.