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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1947

Registration District No. 287

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5902 2049

State File No. 43257

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot

(c) City or town Hayti Mo 2
(If outside city or town limits, write "RURAL")

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

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

If yes, name country ✓

3. (a) PRINT FULL NAME John W Winters

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

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

4. Sex Male

5. Color or race .....

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

6. (b) Name of husband or wife Lizzie Winters

6. (c) Age of husband or wife if alive about 65 years

7. Birth date of deceased 3-15-1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 21 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business ~~Farm~~

FATHER
12. Name Tom Winters
13. Birthplace Ark 1
(City, town, or county) (State or foreign country)

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

16. (a) Informant Katherine Lamb
(b) Address Hayti Mo

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

(c) Place: burial or cremation Wardell Mo

18. (a) Signature of funeral director H S Smith
(b) Address Caruthersville Mo

19. (a) Nov 9-43 (Date received local registrar) (b) Geo Klinkhardt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 11 day 6
year 1943 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from Oct. 23, 1943, to Nov. 6, 1943
that I last saw him alive on Nov. 5 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death) Hypertension	

Major findings:
Of operations .....
Of autopsy —

93d

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 [signature] (M. D. ~~or other~~)

Address Hayti Mo Date signed 11-6-43

1387

(Licensed Embalmer's Statement on Reverse Side)

11-43 326

AUG 10 1949

DEC 17 1949

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 above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. No. 2B
M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. JAN

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 50

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Hayti
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(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

3. (a) PRINT FULL NAME John W. Winters
3. (b) If veteran name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 15 (Day) 1871 (Year)

8. AGE: Years 72 Months 7 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant THORD. WINTERS, BROTHER
(b) Address HAYTI MO
17. (a) (Burial, cremation, or removal) (b) Date thereof 11-6-1943 (Month) (Day) (Year)
(c) Place: burial or cremation WARDELL MO
18. (a) Signature of funeral director H. S. Smith
(b) Address CARUTHERSVILLE MO
19. (a) 11-6-1943 (Date received local registrar) (b) GEO. KIRKPATRICK (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER year 1943 hour A.M. minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-43257