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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2347

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 434

14
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2

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

1. PLACE OF DEATH:

(a) County CALLAWAY

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

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

(d) Length of stay: In hospital or institution 2 DAYS (Specify whether
In this community 42 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY 14

(c) City or town FULTON 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. 212 E. 6TH
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARGARET WINN

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race White

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

6. (b) Name of husband or wife G.W. WINN

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased MAY (Month) 31 (Day) 1854 (Year)

8. AGE: Years 89 Months 6 Days 18 If less than one day hr. min.

9. Birthplace GLASGOW (City, town, or county) SCOTLAND (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name JOHN McBRIED 4
13. Birthplace (City, town, or county) SCOTLAND (State or foreign country)

MOTHER
14. Maiden name MARGARET BEARD 4
15. Birthplace (City, town, or county) SCOTLAND (State or foreign country)

16. (a) Informant W. A. WINN
(b) Address FULTON, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Dec. 21, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Hill Crest Fulton

18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 112 Court St. Fulton, Mo

19. (a) 12-21-1943 (Date received local registrar) (b) Josie Morsnick Hoff (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 1943 hour 6 minute 40 A.M.

21. I hereby certify that I attended the deceased from Dec 15, 1943, to Dec 19, 1943
that I last saw her alive on 12:00 PM, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Interstitial Nephritis	10 yrs.
Due to	
Due to	
Other conditions Chronic Poisoning (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131a

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 2

23. Signature D. A. Sacino (M. D. or other) D.C.
Address Fulton, MO. Date signed 12/21/43

(Licensed Embalmer's Statement on Reverse Side)

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 Glen J. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, Mo.

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.