V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32875

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

FILED FEB 14 1944

State File No. 3469

Registration District No. 789 Primary Registration District No. 5701 Registrar's No. 2

59 0 0

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution: General Delivery-Utica, Missouri. (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 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Livingston

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

(d) Street No. General Delivery-Utica, Mo. (If rural, give location)

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

If yes, name country 59

3. (a) PRINT FULL NAME James E. Winn

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Winn

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Dec. (Month) 8 (Day) 1865 (Year)

8. AGE: Years 78 Months 1 Days 20 If less than one day ..... hr. ..... min.

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

10. Usual occupation Realestate

11. Industry or business .....

FATHER 12. Name Wz Winn

13. Birthplace Unknown (City, town, or county) ? (State or foreign country)

MOTHER 14. Maiden name Polly Ann Wadle

15. Birthplace Unknown (City, town, or county) ? (State or foreign country)

16. (a) Informant Mrs J. E. Winn

(b) Address Utica, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-'44 (Month) (Day) (Year)

(c) Place: burial or cremation LaPlata, Missouri.

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri.

19. (a) 1-30-'44 (Date received local registrar) (b) Gola Romeiser. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28th. year 1944 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1942 to Jan 27, 1944 that I last saw him alive on Jan 20, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	2 yrs
Due to: Unknown	
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 [illegible] (M. D. ~~or other~~)

Address Chillicothe, Mo Date signed 1/28/44

1003 (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 E. R. Norman, Registered Apprentice No. ____, working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, Missouri.

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.