

FILED FEB 13 1944
Registration District No. _____

Primary Registration District No. 3072

1. PLACE OF DEATH:
 (a) County Saline
 (b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Fitzgibbons Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 weeks
(Specify whether years, months or days)
 In this community 20 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Saline 97
 (c) City or town Marshall 1
(If outside city or town limits, write "RURAL") 2
 (d) Street No. 462 South Lafayette
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 0

3. (a) PRINT FULL NAME William Hiram Winning
 (b) If veteran, name war _____ (c) Social Security No. 496-16-1821

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 25th
 year 1944 hour 2 minute 15 A. M.

4. Sex Male 0 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Dec. 12, 1943, to Jan. 25, 1944
 that I last saw him alive on Jan. 24, 1944
 and that death occurred on the date and hour stated above.

7. Birth date of deceased July 29th, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 5 26 _____ hr. _____ min.

Immediate cause of death:
Coronary occlusion 4 days
 Duration

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

Due to Coronary sclerosis
 Due to _____

10. Usual occupation _____
 11. Industry or business Campbell-Lewis Funeral Home

Other conditions 9/4
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 12. Name Thomas Jefferson Winning
 13. Birthplace Virginia
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Keys Cruzen
 15. Birthplace Virginia
(City, town, or county) (State or foreign country)

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

16. (a) Informant J. R. Platts
 (b) Address 462 South Lafayette

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof Jan. 27, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ridge Park Cemetery

(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)

18. (a) Signature of funeral director Campbell Lewis
 (b) Address Marshall, Mo.

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature [Signature] 0 M. D.
 Address Marshall Mo. Date signed 1-26-44

19. (a) 1-31-44 (b) Ans T. Oubethack
(Date received by local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-9-64

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 Joe N. Lewis

Licensed Embalmer No. 1171

P. O. Address Marshall 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.