S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12455

State File No.

Registration District No. 3 1703

Primary Registration District No. 6270

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rural - E. Union Twp

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

(c) Name of hospital or institution: x /

(If not in hospital or institution, write street number or location)

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

In this community life. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 1/2 0

(c) City or town Rural 0

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

(d) Street No. E. Union township

(If rural, give location)

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

If yes, name country x 0

3. (a) PRINT FULL NAME Lusinar Bell Winn

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex MALE

5. Color or race w 0

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Rebecca Jane

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

7. Birth date of deceased January - 11 - 1861 (Month) (Day) (Year)

8. AGE: Years 83 | Months | Days | If less than one day x hr. x min.

9. Birthplace Van Buren, Arkansas / (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name William Winn
13. Birthplace Tennessee / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Jane Jones /
15. Birthplace Tennessee / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tilda Maroney

(b) Address Niangua, Missouri.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3-4-44 (Month) (Day) (Year)

(c) Place: burial ~~[illegible]~~ Eureka

18. (a) Signature of funeral director Ex Nancy

(b) Address Marshfield, Missouri

19. (a) March 30-44 (Date received local registrar) (b) Charlotte Bruce (Registrar's signature)

1344

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1944 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Feb-1, 1944 to Mar 3, 1944 that I last saw h..... alive on ....., 19..... and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Insterstitial	
Due to Nephritis.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 131a	
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 W. F. Schlicht (M. D. or other)

Address Niangua Date signed 3/29/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 444-458
Date Filed APR 12 1944

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 the above constitutes grounds for revocation of license.)

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