

FILED MAY 31 1944

Registration District No. 72

Primary Registration District No. 1000

Registrar's No. 535

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Methodist Hosptl
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 hrs.
(Specify whether
 In this community 7 hrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Platte **83**
 (c) City or town Dearborn Mo.
(If outside city or town limits, write "RURAL") **0**
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Austin Winemiller
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 19
 year 1944 hour 10 minute _____ M. P.

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife None
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 20th. 1944
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 19 1944 to May 19 1944
 that I last saw her alive on May 19 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 0 0 7 hr. _____ min.

Immediate cause of death Premature death in 7th 2 months of pregnancy
 Due to _____
 Due to _____

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation huby

Other conditions (Include pregnancy within 3 months of death)
 Major findings: 159
 Of operations _____
 Of autopsy _____

MOTHER FATHER {
 11. Industry or business _____
 12. Name Albert W. Winemiller
 13. Birthplace Sheridan Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Virginia Needles
 15. Birthplace Parnell Missouri
(City, town, or county) (State or foreign country)
 16. (a) Informant Albert E. Winemiller
 (b) Address Dearborn Missouri
 17. (a) Burial (b) Date thereof 5/20/1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sheridan Mo.
 18. (a) Signature of funeral director Leslie Davis
 (b) Address Dearborn Missouri
 19. (a) 5/20/44 (b) Deleat J. Pickle
(Date received local registrar) (Registrar's signature)

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?
 While at work? _____
(Specify type of place) (e) Means of injury _____
 23. Signature Rob Senor M.D. (M. D. or other) _____
 Address St. Joseph Mo Date signed 5-20-44

1377

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 *Russell Davis*

Licensed Embalmer No. *4160*

P. O. Address *Dearborn 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.