

FILED NOV 20 1944

Registration District No.

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3430 Park Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 29 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 42
(c) City or town Kansas City Mo. 3
(If outside city or town limits, write "RURAL") P
(d) Street No. 3430 Park Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis A. WINTER.

3. (b) If veteran, name war No 3. (c) Social Security No. 515-07-0520

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Ellen Winter 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August 24th 1892
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 17 If less than one day hr. min.

9. Birthplace Wamego Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business _____

MOTHER FATHER { 12. Name George Winter
13. Birthplace Austria 4
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Lintz
15. Birthplace Louisville Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Ellen Winter
(b) Address 3430 Park Ave.

17. (a) Burial (b) Date thereof 11/13/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody-McGilley
(b) Address Kansas City Mo.

19. (a) 11-11-44 (b) T. E. Brown (N 2)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11th
year 1944 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from May 17
1944 to Nov 11 1944
that I last saw him alive on Nov 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Pancreas Duration 1 year

Due to _____
Due to 469

Other conditions None
(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 pipe) _____
While at work? _____ (e) Means of injury _____

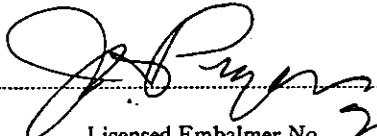
23. Signature John L. Lapham (M. D. or other) _____
Address 1314 Professional Bldg Date signed 11/21/44

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. 2927

P. O. Address.....
K C

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.