

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 37826

FILED NOV 24 1944

Registration District No. 120

Primary Registration District No. 2000

Registrar's No. 868

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town SPRINGFIELD MO  
(c) Name of hospital or institution: 631 - WASHINGTON AVE.  
(d) Length of stay: In hospital or institution 1  
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE 39  
(c) City or town SPRINGFIELD 2  
(d) Street No. 631 - WASHINGTON 6  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country ( )

3. (a) PRINT FULL NAME JOHN WINFIELD

3. (b) If veteran, name war UNK. 3. (c) Social Security No. UNK.

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MARY WINFIELD 6. (c) Age of husband or wife if alive UNK. years  
7. Birth date of deceased Oct. UNK. 1880  
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days UNK. If less than one day hr. min.

9. Birthplace UNK. UNK. 09  
(City, town, or county) (State or foreign country)

10. Usual occupation DOMESTIC EMPLOYEE

11. Industry or business

MOTHER FATHER { 12. Name SANDY WINFIELD  
13. Birthplace (UNKNOWN) UNK. 09  
(City, town, or county) (State or foreign country)  
14. Maiden name UNK.  
15. Birthplace UNK. 09  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs MARY WINFIELD  
(b) Address 631 - WASHINGTON - Spfld. Mo

17. (a) BURIAL (b) Date thereof 11 - 5 - 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LINCOLN MEMORIAL

18. (a) Signature of funeral director Robert Y. Smyth  
(b) Address 702 N. JEFFERSON - Spfld. Mo

19. (a) 11-4-44 (b) Dr W E Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 2  
year 1944 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from October 26 1944 to November 2, 1944  
that I last saw him alive on November 1, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Tumor of Brain  
Ris & unknown

Due to UNK.  
Due to UNK.

Other conditions UNK.  
(Include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy None

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) UNK.  
(b) Date of occurrence UNK.  
(c) Where did injury occur? UNK. (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? UNK.

While at work? UNK. (Specify type of place) (e) Means of injury UNK.

23. Signature James B Clark (M. D. or other)  
Address 716 Benton Date signed UNK.

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

784

Spfld. Mo.

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**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: *Herbert V. Smith*

Licensed Embalmer No. *4286*

P. O. Address *Springfield 7*

**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.**