

FILED DEC 13 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 3040

Registrar's No. 187

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Chillicothe  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Chillicothe Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Weeks  
In this community 72 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 Miles East Chillicothe, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Francis Winans

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mary E. Winans 6. (c) Age of husband or wife if alive 12th. 1872  
7. Birth date of deceased Jan. 12th. 1872  
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Isac Winans  
13. Birthplace Ind.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Elizabeth Carr  
15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Winans  
(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 11-15-'44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Norman Funeral Home  
(b) Address Chillicothe, Missouri

19. (a) Nov 15 (b) Lois Elba Carr  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13th.  
year 1944 hour 3:55 minute P. M.

21. I hereby certify that I attended the deceased from Nov 11 1944 to Nov 13 1944  
that I last saw him live on Nov 13 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration 3 Wks

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Chillicothe, Mo. Date signed Nov 15 44

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

**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.....  
..... Elmer Thomas ....., Registered Apprentice No.....  
working under my personal supervision.

Signed Elmer Thomas  
.....  
Licensed Embalmer No. 2640  
P. O. Address Chillicothe 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.**