

3. No. 2  
-8-43  
5-17-39  
1 X37823

**FILED JAN 5 1945**  
Registration District No. 209

Primary Registration District No. 3043

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

**1. PLACE OF DEATH:**

(a) County Marion

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

(c) Name of hospital or institution:  
918 Lindell  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** Roberta Adelia Winn

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

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Coleman Winn 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May 23, 1880  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day

64 5 6 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business XX

12. Name Harvey Milton Scott

13. Birthplace Ralls County Missouri (City, town, or county) (State or foreign country)

14. Maiden name Luella Ann Truitt

15. Birthplace Macon County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Coleman Winn

(b) Address 918 Lindell, Hannibal Mo

17. (a) Burial (b) Date thereof 11/2/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barkley Cemetery New London Mo

18. (a) Signature of funeral director Wm M Smith  
(b) Address 902 Broadway Hannibal Mo.

19. (a) Oct 31-1944 (b) R Th Connor  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 3  
(If outside city or town limits, write "RURAL") 7

(d) Street No. 918 Lindell  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 13

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 29  
year 1944 hour about 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Coronary Thrombosis

Due to Coronary Sclerosis

Due to Found dead in bed,

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

**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 10/29/44

(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 3

23. Signature Wm M Smith (Seal of Registrar)  
Address 902 Broadway Hannibal Mo. Date signed 10/31/44

**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 George T Bond

Licensed Embalmer No. 6378

P. O. Address Hannibal Missouri

**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.**