

Registration District No. 324

Primary Registration District No. 6093

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall "Rural"
(c) Name of hospital or institution: Saline County Home Hosp
(d) Length of stay: In hospital or institution 9 mo. 20 da
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town Marshall
(d) Street No. 163 W Jackson
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROBERT CURTISS WINSLOW

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 26
year 1945 hour 6 minute 00 P.M.

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

21. I hereby certify that I attended the deceased from May 28 1945 to June 26 1945
that I last saw him alive on June 21 1945
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

Immediate cause of death
Ch Myocarditis
& decompensation

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Due to Hypertension
arteriosclerosis

7. Birth date of deceased March 26 - 1869

8. AGE:	Years	Months	Days	If less than one day
	76	3	0	hr. _____ min. _____

Other conditions _____
(include pregnancy within 3 months of death)

8. Birthplace Shackelford Mo

Major findings:
Of operations _____
Of autopsy _____

10. Usual occupation Farmer

11. Industry or business _____

12. Name Edwin Marion Winslow

13. Birthplace Virg.

14. Maiden name Marcella Lewis

15. Birthplace Roanoke Virg.

16. (a) Informant Lawrence Winslow

(b) Address Shackelford Mo

17. (a) Burial (b) Date thereof 6-28-1945

(c) Place: burial or cremation Union Cem. Saline Co Mo

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? _____
(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 Shackelford Mo Date signed 7/26/45

RECEIVED

District Health Officer No. 5,

District File Number _____

Date Filed 7/11/45

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 _____

Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.