

FILED JAN 31 1946

Registration District No. 149

Primary Registration District No. 1002

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

1336

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town ICAYSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1409 E 27th ST TERRACE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town ICAYSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 1409-E 27th ST TERRACE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM ALEXANDER WINNINGHAM

MEDICAL CERTIFICATION

3. (b) If veteran, name war No 3. (c) Social Security No. 498-12-3086

20. DATE OF DEATH: Month 1 day 6 year 1946 hour 10 45 minute P M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife SARAH 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased FEB. 12 - 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Parson 19____ to _____ 19____ that I last saw h. _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 10 Days 24 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary sclerosis
Due to arterio-sclerosis

9. Birthplace MASSHC. CO ILLINOIS
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (Include pregnancy within 3 months of death) g40

10. Usual occupation RETIRED-FARMER

Major findings: Of operations _____
Of autopsy no
History & Inspection

11. Industry or business 7 YEARS
12. Name JACOB WINNINGHAM
13. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)
14. Maiden name MAVIE DURALL
15. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sarah Winningham
(b) Address 1409 E 27th St Terrace KC

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? _____

17. (a) BURIAL (b) Date thereof JAN-9-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation LIBERTY MO SHILO CEIT

18. (a) Signature of funeral director W. Newcomer Bond
(b) Address 1401 Bank Creek Blvd
19. (a) 1-9-46 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature Sheraldine Holmes (M.D. or other) 1-9-46
Date signed 1-8-46
Address 1424 Poplar Blvd

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 *K. C. Moore Jr.*

Licensed Embalmer No. *4043*

P. O. Address *K. C. Moore*

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.