S. No. 2
M—5-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5953

State File No.

FILED FEB 19 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 578

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2838 Troost Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 2838 Troost Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Blanche Winkfield
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: April (Month) 20th (Day) 1879 (Year)
8. AGE: Years 66 Months 9 Days 13 If less than one day hr. min.
9. Birthplace (City, town, or county): Illinois (State or foreign country)
10. Usual occupation: At Home
11. Industry or business
FATHER
12. Name: George Winkfield
13. Birthplace (City, town, or county): Virginia (State or foreign country)
MOTHER
14. Maiden name: Hannah Chronister
15. Birthplace (City, town, or county): Pennsylvania (State or foreign country)
16. (a) Informant: Ray W. Winkfield
(b) Address: 2838 Troost Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/ 5/ 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Washington Cemetery
18. (a) Signature of funeral director: Freeman Mortuary & Chapel
(b) Address: 104 West 42nd Street
19. (a) 2-4-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3rd year 1946 hour minute 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: Deputy Coroner — Duration
Acute Coronary Occlusion
Due to: Coronary Sclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death): 94a
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? (Specify type of place)
While at work Means of injury
23. Signature: A. E. Asher (M. D. or coroner) M.D.
Address: 2800 Main Date signed 2/4/46

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

(Licensed Embalmer's Statement on Reverse Side)

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 Jack W. Laybourne,

Licensed Embalmer No. 1715

P. O. Address K. C. 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.