

Registration District No. **149** Primary Registration District No. **6002**

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:
1310 East Armour Blvd. Conv. Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 weeks**
 In this community **life**
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson, 43**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL") **3**
 (d) Street No. **2208 East 37th Street**
 (If rural, give location) **4**
 (e) Citizen of foreign country? **no.** (Yes or No) **0**
 If yes, name country **X**

3. (a) PRINT FULL NAME **Cecil Bradford Winsborough**
 3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **male 0** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Adelide Blanch Winsborough** 6. (c) Age of husband or wife if alive **71** years
 7. Birth date of deceased **August 10 1873**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	2	11	hr. min.

9. Birthplace **Virginia**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **X**

MOTHER FATHER
 12. Name **William Joseph Winsborough**
 13. Birthplace **Virginia**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Martha Colbert**
 15. Birthplace **Virginia**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Adelide Blanch Winsborough**
 (b) Address **2208 E. 37th St., Kansas City, Mo.**

17. (a) **burial** (b) Date thereof **11-23-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **Stine & McClure**
 (b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **11-23-46** (b) **Seraldine Volmer**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **November** day **21**
 year **1946** hour **5:15** minute **A.** M.

21. I hereby certify that I attended the deceased from **May 1945** to **Nov. 21**
 that first saw him alive on **Nov. 20**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary Heart Failure**
 Plus Myocarditis (Several yrs)
 Death of 1st heart failure 8/12/46
 Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations **93 d.**
 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 **J. V. Bell** (M. D. number) _____
 Address **1327 Woodland Ave** Date signed **11/27/46**

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

Coffin

Dr. J. V. Bell

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 Robert H. Keel

Licensed Embalmer No. 3745

P. O. Address 1st 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.