S. No. 2
I—12-45
. 5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1946

Registration District No. 383

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5655

State File No. 332607

Registrar's No. 766

1. PLACE OF DEATH:

(a) County: Lawrence

(b) City or town: Mt. Vernon Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 976 days (Specify whether years, months or days)

In this community: 976 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Ste. Genevieve 95

(c) City or town: Ste. Genevieve 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 306 Market St. 1
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Marilyn Ophelia Winston

3. (b) If veteran, name war: no

3. (c) Social Security No.: 495-14-3557

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Charles Winston

6. (c) Age of husband or wife if alive: 31 years

7. Birth date of deceased: May (Month) 11 (Day) 1920 (Year)

8. AGE: Years 26 | Months 5 | Days 21 | If less than one day: hr. min.

9. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Telephone Operator

11. Industry or business:

FATHER
12. Name: Virgil A. Eachus
13. Birthplace: Thebes (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name: Amanda Polk McDonough
15. Birthplace: Sikeston (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: E. McMichael, Record Clerk
(b) Address: Mo. State San. Mt. Vernon, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Nov 2-1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Ste Genevieve Mo

18. (a) Signature of funeral director: Geo B Orr
(b) Address: Mt Vernon Mo

19. (a) 11/2/46 (Date received local registrar) (b) A K Philbrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 2d year: 1946 hour: 4:20 minute: A M.

21. I hereby certify that I attended the deceased from Feb. 29, 1944 to Nov. 2, 1946; that I last saw him alive on Nov. 2, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	Abt. 3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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? (e) Means of injury: 0

23. Signature: O. A. Brasher M.D. (M. D. or other)

Address: Mount Vernon, Missouri Date signed: 11-2-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1146-1139
Date Filed NOV 13 1946

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 Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon, 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.