

S. No. 2
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7-5-17-39
X35897

40996

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 146

Primary Registration District No. 5-5-68

Registrar's No. 416

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Fairmount Sta., Kansas City
(c) Name of hospital or institution:
561 South Evanston
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 13 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Fairmount Sta., Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 561 South Evanston Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRED WINTERBOTTOM
3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace M. Winterbottom 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased September 29th 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>2</u>	<u>14</u>	_____ hr. _____ min.

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

10. Usual occupation Shipping Clerk
Paint Business

11. Industry or business _____
12. Name Unknown
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Winterbottom
(b) Address 561 Evanston (South)

17. (a) burial (b) Date thereof 12-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Missouri

19. (a) 12-27-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 13
year 1946 hour 9 minute 55 P. M.

21. I hereby certify that I attended the deceased from Nov 12 1946 to Dec 13 1946
that I last saw him alive on Dec 13 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerotic (Coronary) Heart Disease E. 3
Due to decompensation 1 mo.
Due to Diabetes Mellitus 14 yrs?
Other conditions Bilateral Amp. legs above knee
(Include pregnancy within 3 months of death)

Major findings:
Of operations 61
Of autopsy _____

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? C
While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature Chas E Nelson M.D.
Address Independence Mo Date signed 12/16/46

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

NOV 21 1950

NOV 21 1950

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 John Farley

Licensed Embalmer No. 7308

P. O. Address Independence

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.