

FILED JAN 9 1947

Registration District No. 137Primary Registration District No. 3228Registrar's No. 270

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Carthage
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
316 So. Fulton St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 weeks
 (Specify whether
 In this community 50 years
 years, months or days)

3. (a) PRINT FULL NAME JAMES BROWDER WININGER

3. (b) If veteran, name war ----
 3. (c) Social Security No. 571-01-5375

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Florence Chappell Wininger 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased November 21 1877
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>1</u>	<u>6</u>	hr. _____ min.

9. Birthplace Bowling Green Kentucky
(City, town, or county) (State or foreign country)10. Usual occupation retired contractor11. Industry or business ----

MOTHER FATHER { 12. Name Peter Wininger
 13. Birthplace unknown Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Martha Sanders
 15. Birthplace unknown Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James Wininger(b) Address 515 N. Case, Carthage, Mo.17. (a) burial (b) Date thereof Dec 30, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Hill Cemetery18. (a) Signature of funeral director Knell Mortuary(b) Address Carthage, Mo.19. (a) 12-30-46 (b) L. B. Clinton M. D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Carthage
 (If outside city or town limits, write "RURAL")
 (d) Street No. 515 No. Case St.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
 year 1946 hour 9 minute 2 M.

21. I hereby certify that I attended the deceased from Nov 2
1946, to Nov 6, 1946
 that I last saw him alive on Nov 6, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial weakness

Due to _____

Due to _____

Other conditions Sensible Dementia
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy 93E

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 injury) (c) Means of injury !23. Signature Russell Smith M. D. or other M.D.
Address Carthage Mo. Date signed 12-30-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

46-12-1092

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..... *Frank W. Knell Jr*

Licensed Embalmer No. *4440*

P. O. Address..... *Carthage*

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.