No. 2
2-45
7-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14133

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 176

1. PLACE OF DEATH:

(a) County Macon

(b) City or town "
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Samantan Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 das (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon 61

(c) City or town Bevier Rural Mo. O
(If outside city or town limits, write "RURAL")

(d) Street No. O
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Earl Winkler

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male O

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 Oct 3 1888
(Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Macon Co Mo O
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Jas. L. Winkler
13. Birthplace Macon Co Mo O
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Stella Fagin
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Winkler
(b) Address Bevier Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 9-47
(Month) (Day) (Year)

(c) Place: burial or cremation Enon Cemetery

18. (a) Signature of funeral director Albert Skinner
(b) Address Macon Mo

19. (a) 4-7-47 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 7 "
year 1947 hour 10:15 minute a M.

21. I hereby certify that I attended the deceased from May, 1945 to Mar 7, 1947 that I last saw him alive on Mar 7, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	4 days
Due to Hypertension	—
Due to Arterio sclerosis	—
Other conditions Arthritis Obesity (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 — O

23. Signature [illegible] M.D. (M.D. or other)

Address Macon Mo. Date signed 3-25-47

185

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4/47-23
Date Filed APR 15 1947

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 Albert Skinner

Licensed Embalmer No. 75-1

P. O. Address Macon 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.