

FILED MAY 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16142

State File No. _____

Registration District No. 337

Primary Registration District No. 4499

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Sherbina Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Taurman Hospital
(If not in hospital or institution, write street number and location) 58 days
(d) Length of stay: In hospital or institution Six years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102
(c) City or town Shelbina 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) No
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Forest M. Winget

3. (b) If veteran, name war X
3. (c) Social Security No. 486-24-5450

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 1st 1885
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 6
If less than one day hr. _____ min. _____

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

10. Usual occupation Insurance salesman

11. Industry or business _____

12. Name Charles Winget

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Francis Arthur

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Frances Winget

(b) Address Hannibal, Missouri

17. (a) Burial _____ (b) Date thereof 4-8-1947
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Leonard Cemetery

18. (a) Signature of funeral director Million & Barklew
Shelbina, Mo

(b) Address _____

19. (a) May 1-47 (b) Ruth Joyner
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th
year 1947 hour 4 i. 30 minute A.M.

21. I hereby certify that I attended the deceased from MARCH 1
1947 to APRIL 7 1947
that I last saw him 10 alive on APRIL 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHIAL PNEUMONIA
Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 107

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 2

23. Signature W. L. Whisman (M. D. or other) MD

Address SHELBYNA, MO Date signed 4-12-47

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

RECEIVED
District Health Officer No. 10
State File Number 2-47-291
MAY - 5 1947
Date Paid

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.....

James D. Davis....., Registered Apprentice No. *443*
working under my personal supervision.

Signed..... *W. H. Harkins*

Licensed Embalmer No. *3498*

P. O. Address..... *Shelburne 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.