

FILED JUL 11 1947
43

Registration District No. **43**

Primary Registration District No. **3007**

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

1. PLACE OF DEATH:

(a) County **BUTLER**
(b) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Poplar Bluff Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 week**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **✓ 107**
(c) City or town **HICKORY** 0
(If outside city or town limits, write "RURAL")
(d) Street No. **RURAL** 0
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **ZELPHA WINNINGER**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **2**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **1873** years
7. Birth date of deceased **MARCH 8 1873**
(Month) (Day) (Year)

8. AGE: Years **74** Months **3** Days **6** If less than one day hr. min.

9. Birthplace **PRINCETON IND.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **AL ANDERSON** 4
13. Birthplace **IRELAND** (City, town, or county) (State or foreign country)
14. Maiden name **SEMINDA KINNEBLY**
15. Birthplace **PRINCETON IND.** (City, town, or county) (State or foreign country)

16. (a) Informant **AVA PATTERSON**

(b) Address **MOORE, Calif**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **6 14 1947**
(Month) (Day) (Year)

(c) Place: burial or cremation **Poplar, Ark.**

18. (a) Signature of funeral director **W. A. Zuby**

(b) Address **Rectory Ark**

19. (a) **7-1-47** (Date received local registrar) (b) **Plominette** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **14** year **47** hour **11:00** minute **A** M.

21. I hereby certify that I attended the deceased from **June 11** 19**47** to **June 14** 19**47**
that I last saw her alive on **June 14** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Soft cerebral thrombosis** Duration

Due to **General arteriosclerosis**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy **83B**

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 **0**
Signature **Madin Obermeyer** (M. D. or other)
Address **Poplar Bluff Mo.** Date signed **6-18-47**

RECEIVED

District Health Office No. 2,

District File Number 247-923

Date Filed 7-3-47

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.....

C. F. Linn....., Registered Apprentice No. 263
working under my personal supervision.

Signed..... H. N. Linn.....

Licensed Embalmer No. 262 Ark

P. O. Address Rector Ark

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.