S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31522

FILED SEP 16 1947

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 3768

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3836 CHESTNUT AVENUE /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 60 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3836 CHESTNUT AVENUE 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country --

3. (a) PRINT FULL NAME FRANCES ELLEN LANDRUM WINTER
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband ~~or wife~~ MR. LOUIS WINTER
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased DEC. (Month) 28 (Day) 1858 (Year)

8. AGE: Years 88 ~~89~~ Months 8 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace SHELBYVILLE. ILLINOIS /
(City, town, or county) (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business
FATHER
12. Name HENRY LOWER
13. Birthplace UNKNOWN OHIO /
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ELIZA SYFERT
15. Birthplace UNKNOWN OHIO /
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs ADELLA SEPPLER
(b) Address 3836 CHESTNUT
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-3-47 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ FOREST HILL CEMETERY
18. (a) Signature of funeral director DW Newcomer Sons
(b) Address 1401 Brush Creek KC Mo
19. (a) 9-3-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 1st year 1947 hour 4 minute 08 A. M.

21. I hereby certify that I attended the deceased from Oct 1945, to 1 Sept 1947 that I last saw her alive on 31 Aug 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemmorrhage	30 min
Due to: Gen. Art sclerosis	
Cerebral art. sclerosis	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN
Underline the cause of 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 0

23. Signature Robert M Myers (M. D. or other) M D
Address 025 Rialto Bldg Date signed 2 Sept 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Jess T. Lewis

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.