. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 2 1947

Registration District No. 47

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41059

Primary Registration District No. 3008

Registrar's No. 433

1. PLACE OF DEATH:

(a) County CALLAWAY

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

(c) Name of hospital or institution: CALLAWAY COUNTY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 46 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CALLAWAY 14

(c) City or town FULTON 1
(If outside city or town limits, write "RURAL")

(d) Street No. 111 EAST 6th STREET 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME GEORGE WILLARD WINN

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife .....

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

7. Birth date of deceased SEPTEMBER (Month) 22 (Day) 1858 (Year)

8. AGE: Years 89 Months 2 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace HALLSVILLE (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business .....

FATHER
12. Name JACKSON WINN
13. Birthplace BOONE COUNTY (City, town, or county), MISSOURI (State or foreign country)

MOTHER
14. Maiden name MARTHA SIMS
15. Birthplace BOONE COUNTY (City, town, or county), MISSOURI (State or foreign country)

16. (a) Informant ARTHUR WINN

(b) Address 111 EAST 6th STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12 (Month) 14 (Day) 1947 (Year)

(c) Place: burial or cremation HILLCREST

18. (a) Signature of funeral director Glen G. Maupin

(b) Address 7th Court St. Fulton, Mo

19. (a) 12-14-1947 (Date received local registrar) (b) Josie Morris Kroff 39 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1947 hour 11:00 minute p.M.

21. I hereby certify that I attended the deceased from Oct. 29, 1947, to Dec. 12, 1947; that I last saw him alive on Dec. 12 at 10:30 p.m. 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Gangrene - senile	15 yrs.
Chronic Interstitial Nephritis	10 yrs.
Due to	
Due to	
Other conditions (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 2

23. Signature D. A. Squires (M.D. or other) D.O.

Address Fulton, Mo. Date signed 12/12/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12/31/42

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 Glen G Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.