No. 2
-1/47
-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. 1391
Registrar's No. 114

FILED JAN 20 1948
Registration District No. 449
Primary Registration District No. 1002

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: 1120 Woodland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community About 42 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. 1120 Woodland 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret Winchester
3. (b) If veteran, name war no.
3. (c) Social Security No. None

4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert Winchester
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased December (Month) - 13 (Day) - 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
65	0	21	br. min.

9. Birthplace Mineral Springs (City, town, or county) Ark. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Henry Wagner
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Albert Winchester
(b) Address 1120 Woodland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/'48 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cem
18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1212 Vine St., Kansas City, Mo.
19. (a) 1-8-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 4
year 1948 hour 4 minute 50 P. M.
21. I hereby certify that I attended the deceased from ..... to ..... 19.....;
that I last saw the alive on ..... 19.....;
and that death occurred on the date and hour stated above.
Deputy Coroner

Immediate cause of death Cardiac Failure
Due to Carcinoma of Breast
Due to
Other conditions
(Include pregnancy within 3 months of death)
50
Major findings:
Of operations
Of autopsy No-Permit

Duration

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
23. Signature [signature] (M. D. or other) O.D.
Address 5636 Brooklyn Date signed 1-8-48

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 E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas City 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.