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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **4323**
Registrar's No. **93**

Registration District No. _____

Primary Registration District No. **5299**

1. PLACE OF DEATH: **CLINTON**
(a) County **CLINTON**
(b) City or town **RURAL LATHROP**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **50 years** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **CLINTON 25**
(c) City or town **RURAL LATHROP 0**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) **0**
(e) If foreign born, how long in U. S. A? **No.** years **0**

3. (a) PRINT FULL NAME **SAMUEL MACK VAN WINKLE**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **7**
year **1948** hour **8** minute **7** P.M.

4. Sex **Male 0** 5. Color or race **Wh**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **FLORENCE VAN WINKLE** 6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **Dec 14 1880**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years **67** Months **1** Days **23** If less than one day _____ hr. _____ min.

Immediate cause of death **suicide by hanging**
Due to _____
Due to _____

9. Birthplace **Berea Ky. 1**
(City, town, or county) (State or foreign country)

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

10. Usual occupation **FARMER**
11. Industry or business **FARMING**
12. Name **Cash M. VanWinkle**
13. Birthplace **Berea Ky. 1**
(City, town, or county) (State or foreign country)
14. Maiden name **MARIE J. DAVIS**
15. Birthplace **Berea Ky. 1**
(City, town, or county) (State or foreign country)

Major findings: Of operations **16 & A**
Of autopsy _____

16. (a) Informant **W. Van Winkle**
(b) Address **Lathrop Mo**
17. (a) **burial** (b) Date thereof **Feb 10 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **converse Mo**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director **LA THROP, MO**
(b) Address _____
19. (a) **Feb 10, 1948** (b) **Wm. Fred W. Moore**
(Date received local registrar) (Registrar's signature) **390**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **suicide**
(b) Date of occurrence **February 7, 1948**
(c) Where did injury occur? **Lathrop, Clinton mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **farm**

While at work? _____ (Specify type of place)
(e) Means of injury **Hanging**
23. Signature **A. H. Templeman** (Seal or other)
Address **Cameron mo** Date signed **2/8/48**

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Harold L. Walker

Registered Apprentice No. *21*

working under my personal supervision.

Signed

Geo. Moss

Licensed Embalmer No. *2533*

P. O. Address *Cameron, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.