

S. No. 2
M-2-43
5-17-39
X35697

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 84

1. PLACE OF DEATH:

(a) County ADAIR

(b) City or town KIRKSVILLE

(c) Name of hospital or institution: LAUGHLIN

(d) Length of stay: In hospital or institution 1 DAY

In this community 56 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ADAIR

(c) City or town BRASHEAR - R.F.D.

(d) Street No. 12 MI - NORTH BRASHEAR

(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME JOSEPH A. WINSLOW

3. (b) If veteran, name was NONE

3. (c) Social Security No. -

20. DATE OF DEATH: Month MARCH day 9 year 1948 hour 5 minute 25

4. Sex M Color or race W

6. (a) Single, widowed, married, divorced MARRIED

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

6. (c) Age of husband or wife if alive 17 years

7. Birth date of deceased FEB 1892

21. I hereby certify that I attended the deceased from Mar. 9-1948 from 9:30 AM until time of death 7 that I last saw him alive on Mar. 9 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>0</u>	<u>22</u>	

Immediate cause of death Coronary Thrombosis

Duration 8 hrs

9. Birthplace ADAIR MISSOURI

10. Usual occupation FARMER

Due to

Due to

Other conditions Diabetes mellitus

11. Industry or business

12. Name W. C. R. WINSLOW

13. Birthplace HANCOCK ILL

14. Maiden name IDA MUSSOUR

15. Birthplace ADAIR MISSOURI

Major findings: Of operations 6/1

Of autopsy 6/1

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Maria Winslow

(b) Address 1404 E. Jefferson, Kirksville Mo

17. (a) BURIAL (b) Date thereof 3-12-1948

(c) Place: burial or cremation BETHEL CEMETERY

18. (a) Signature of funeral director F. T. Cooney

(b) Address Brashear Mo

19. (a) 3-15-48 (b) Walter Lambert

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?

(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

23. Signature Walter Lambert (M. D. or other) DO

Address Kirksville, Mo Date signed 3/15/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 3-48-385
Date Filed MAR 31 1948

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 Geoff Easley Jr.
Licensed Embalmer No. 3755
P. O. Address Hudlow Mrs.

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.