S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1948

Registration District No. 280

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9769

Primary Registration District No. 6-967

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Platte

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

(c) Name of hospital or institution: no (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether years, months or days)

In this community entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

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

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Susan Winburn

3. (b) If veteran, name war xx

3. (c) Social Security No. xx

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Jonas R. Winburn

6. (c) Age of husband or wife if alive 89 years

7. Birth date of deceased Nov. (Month) 28 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
83	3	0	hr. min.

9. Birthplace Unknown (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business home

MOTHER FATHER

12. Name Samuel N. Barbee

13. Birthplace Unknown (City, town, or county) Va. (State or foreign country)

14. Maiden name Cora Ann Hillix

15. Birthplace Unknown (City, town, or county) Va. (State or foreign country)

16. (a) Informant Jonas R. Winburn

(b) Address Weston, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 2, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Bethel Cemetery

18. (a) Signature of funeral director Vaughn Funeral Home

(b) Address Weston, Missouri

19. (a) Mar. 10-48 (Date received local registrar) (b) Ophia Rollins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 29 Year 1948 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from January 15, 1948 to February 29, 1948 that I last saw her alive on February 29, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis — Duration

Bronchial asthma & Bronchiectasis — 10 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Multiple fractures or arms & legs due to osteoporosis

Major findings: Of operations None

Of autopsy None

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) XXXXX

(b) Date of occurrence XXXXX

(c) Where did injury occur? XXXX (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXXX (Specify type of place)

While at work? XXXX (e) Means of injury XXXX

23. Signature Lewis C. Galvin (M. D. or other)

Address Weston Missouri Date 2/29/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. B.
District File Number
Date Filed 3-19-48

MAY 11 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 W. R. Vaughn

Licensed Embalmer No. X023

P. O. Address Weston, 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.