

FILED AUG 2 1948

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **803**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **6311 Sherman St**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether In this community **2 Months** years, months or days)

3. (a) PRINT FULL NAME

Paul Herman Winkler

(b) If veteran, name war **None**

(c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **divorced**

6. (b) Name of husband or wife **Not stated** 6. (c) Age of husband or wife if alive **None** years

7. Birth date of deceased **Jan. 29 1971**
(Month) (Day) (Year)

8. AGE: Year **77** Months **5** Days **23** If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **William Winkler**

13. Birthplace **unknown Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Vera Meese**

(b) Address **St. Joseph, Missouri**

17. (a) **Reinterment** (b) Date thereof **7/25/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Atchison Kan**

18. (a) Signature of funeral director **Sauvin - Douglas**

(b) Address **Atchison Kan.**

19. (a) **7-30-48** (b) **E. L. Jenkins**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Wagoner**
(c) City or town **Parnell**
(If outside city or town limits, write "RURAL")
(d) Street No. **in town**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **22**
year **1948** hour **8** minute **30 a.m.**

21. I hereby certify that I attended the deceased from **June 22** to **July 22** 19**48**
that I last saw him alive on **July 17** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Maternal Insufficiency**
Duration **2 months**

Due to **g2D**

Due to **None**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **None**

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature **Denton W. Woodward** (M. D.)

Address **109 1/2 W. Mo.** Date signed **7/22/48**

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

2
3
39
6671

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 J. M. Dyer
Licensed Embalmer No. 4320
P. O. Address Atchison, Ka

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.