

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 23 1948

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26752
Registrar's No. 25

Registration District No. 154

Primary Registration District No. 5575

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Hickman Mills, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
110th and Benton, R. F. D. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. no.
40 years (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Hickman Mills, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 110th and Benton, R. F. D. #1
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Bessie Z. Winkler
(b) If veteran, name war no.
(c) Social Security No. no.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 12th
year 1948 hour 6:30 minute P. M.
21. I hereby certify that I attended the deceased from Aug 8 to Aug 12, 1948
that I last saw her live on Aug 12, 1948
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife Jesse W. Winkler
(c) Age of husband or wife if alive dec. years
7. Birth date of deceased July 21 1882
(Month) (Day) (Year)

Immediate cause of death Double Lobar Pneumonia - Report that she had been very ill & coughed
Duration Aug 8.

8. AGE: Years 66 Months 0 Days 21
If less than one day hr. min.

Due to myocardial weakness
Other conditions (Include pregnancy within 3 months of death) weakness

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation at home,

Major findings: 108
Of operations PHYSICIAN Aug 8.
Underline the cause to which death should be charged statistically.

11. Industry or business X
12. Name Jim Newman
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Nan Gillispie
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Irvin G. Husher
(b) Address 110th & Benton, R. #1, Hickman Mills, Mo.

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) (e) Means of injury _____

17. (a) burial (b) Date thereof 8-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, Kansas City, Mo.
19. (a) Aug 20/48 (b) Dr. Emma S. Hodges
(Date received at local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
Signature Ann B. Hodges (M. D. or other) 250
Address Hickman Mills, Mo. Date signed 8/14/48

Dr. Anna Hedges

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.....

[Handwritten Signature]
Licensed Embalmer No. 1415
P. O. Address. 19 E 2nd

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.