

FILED SEP 3 1948

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 256

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1113 S. Lamine St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Most of Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1113 S. Lamine
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WINFIELD S. THOMAS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Rosa C. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 17, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 6 4 _____ hr. _____ min.

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

10. Usual occupation Retired Mo. Pacific Employee

11. Industry or business _____

12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant B.N. Glenn
(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof 8-23-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director D.W. Shebart
(b) Address Sedalia, Mo.

19. (a) 8-23-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21
year 1948 hour 4:50 minute P M.

21. I hereby certify that I attended the deceased from Aug 12, 1948, to Aug 21, 1948
that I last saw him alive on August 21, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute depression of
myocardium
Due to mitral incompetency
Duration 2 days

Due to overwork.

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

Major findings: _____
Of operations _____
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)
(a) Means of injury _____

23. Signature E.P. Tolbert (M.D. or other) DO
Address Sedalia Mo. Date signed Aug 21, 1948

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-2-48

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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia, 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, fact should be so stated above.