No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 16 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 35745

Registrar's No. 1185

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: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: one week (Specify whether years, months or days)

In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan.

(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No.: 1714 Sycamore St.
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: BERT E. WINBORN

3. (b) If veteran, name war: None

3. (c) Social Security No.: 500-07-6261

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Liddie

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: December (Month) 13 (Day), 1881 (Year)

8. AGE: Years 66 | Months 10 | Days 19 | If less than one day: hr. min.

9. Birthplace: St. Joseph, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: Buchanan County

FATHER
12. Name: William Winborn
13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Sarah Rote
15. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Liddie Winborn (wife)

(b) Address: 1714 Sycamore St., City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/5/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Ashland Cemetery

18. (a) Signature of funeral director: John E. Kupp

(b) Address: 6054 Pryor Ave., City

19. (a) 11-8-48 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2, year 1948 hour 8: minute 30 P.M.

21. I hereby certify that I attended the deceased from October 27, 1948, to November 2, 1948; that I last saw him alive on November 2, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	7 das.
Due to: Heart Disease, Arteriosclerotic	Ukn.
Other conditions (Include pregnancy within 3 months of death): Nephrosclerosis	Ukn.

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: [illegible] (M. D.)

Address: The Tootle Building Date signed: 11-5-48 St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 24 1998

NOV 24 1998

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 E. Rupp

Licensed Embalmer No. 3986

P. O. Address St Joseph, 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.