

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

40422

State File No. _____

FILED DEC 29 1948
Registration District No. 449

Primary Registration District No. 1002

Registrar's No. 4991

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

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution:
3615 MONROE AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 60 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

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

(d) Street No. 3615 MONROE AVENUE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME MRS. MARGARET ISABELLE WINFREY

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MR. WILLIAM E. WINFREY

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

7. Birth date of deceased DECEMBER 8 1965
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>11</u>	<u>25</u>	_____ hr. _____ min.

9. Birthplace CARROLL COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE KEEPER

11. Industry or business AT HOME

12. Name HOUSTON MAWLETT

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

14. Maiden name JANE LAUDERBACK

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

16. (a) Informant DONALD WINFREY

(b) Address 3615 MONROE AVENUE

17. (a) BURIAL (b) Date thereof DEC-6-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BROOKINGS CEMETERY

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd

19. (a) 12-6-48 (b) W. M. Holmea
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER, day 3RD
year 1948, hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 27, 48
48 to Dec. 2, 48

that I last saw her alive on Dec. 2, 48
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days

Due to Arteriosclerosis and hypertension unknown

Due to _____

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

Major findings: 830

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)

(e) Means of injury 2

23. Signature C. J. Penfold C. J. Penfold D.O.
(M. D. or other) D.O.

Address 2518 Swope Parkway Date signed 12/4/48

2514 Superior Hwy

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 Robert Ray.

Licensed Embalmer No. 4182

P. O. Address. Kansas City, 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.