No. 2
1-10-39
-17-39
X21492

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

FILED JAN 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42088

Registration District No. 136 — Primary Registration District No. 5194 — Registrar's No.

1. PLACE OF DEATH

(a) County Carroll

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

(c) Name of hospital or institution: Rural Dewitt T.P

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 60 yrs 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town Rural Dewitt T.P (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Peter Burl Wingfield

8. (b) If veteran, name war.....

8. (c) Social Security No.....

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Bell Wingfield

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

7. Birth date of deceased 8 (Month) 8 (Day) 1856 (Year)

8. AGE: Years 84 | Months 5 | Days 22 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Farming

11. Industry or business /

MOTHER FATHER

12. Name Charles Wingfield /

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

14. Maiden name Lavina Hall

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

16. (a) Informant Affie B Wingfield

(b) Address Dewitt Mo

17. (a) Burial Evergreen Cem (Burial, cremation, or removal) (b) Date thereof 12-31-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cem

18. (a) Signature of funeral director Willis-Marshall

(b) Address Carrollton Mo

19. (a) 12-31-40 (Date received local registrar) (b) Alta Henderson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 30

year 1940 hour ..... minute 4 a M.

21. I hereby certify that I attended the deceased from Dec 29th 1940 ....., 19....., to Dec 30 ....., 19 40

that I last saw h~~im~~ alive on Dec 29th 1940 ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Influenza	1 Da.
Due to	
Due to	
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? 131 (Specify type of place)

While at work? / (e) Means of injury .....

23. Signature H A Saults (M. D. or other) 1 40

Address Dewitt Mo Date signed 12/30

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 1-7-41

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 Myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 25-25

P. O. Address Carrollton 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, above space should be left blank.