

FILED MAY 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11791

Registration District No. 25

Primary Registration District No. 3011

Registrar's No. 39

1. PLACE OF DEATH:

- (a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 803 N. Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

In this community Life
years, months or days3. (a) PRINT
FULL NAMEAllie Winfrey

3. (b) If veteran,

name war

3. (c) Social Security No.

4. Sex Female 5. Color W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Chas Winfrey 6. (c) Age of husband or wife if alive 3 years
7. Birth date of deceased June 3, 1874
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 18 If less than one day
hr. min.

9. Birthplace Carroll Co Mo
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business

12. Name Wm Mc Murty13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Mary Clemons15. Birthplace Carroll Co Mo
(City, town, or county) (State or foreign country)16. (a) Informant Ray Winfrey(b) Address Moberly Mo17. (a) Burial (b) Date thereof 4-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Hill Cem18. (a) Signature of funeral director Optaudy Gibson(b) Address Carrollton Mo19. (a) 4/22/48 (b) Mr Herbert Calow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Carroll
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. 803 N. Park
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 21
year 1948 hour 5 minute 50 P M.21. I hereby certify that I attended the deceased from Apr 21
1948 to Apr 21 1948
that I last saw her alive on Apr 21 1948
and that death occurred on the date and hour stated above.Immediate cause of death Mitral Enuffing Duration 6 Mo.Due to Infirmities of Age

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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 R Hamilton Nelson (M. D. or other)Address Carrollton Mo Date signed Apr 22

48

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-6-48

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

Ben W. Gibson

Licensed Embalmer No.

2961

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, fact should be so stated above.