

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21437

State File No.

Registrar's No.

REGISTRATION DISTRICT NO. 21437

Primary Registration District No. 4074

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town De Witt
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community.
years, months or days)

3. (a) PRINT FULL NAME EFFIE WINFREY 516

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles Winfrey 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased April 30 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 4 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER { 12. Name Charles Anderson
13. Birthplace Ill. (City, town, or county) (State or foreign country)
14. Maiden name Ellen Taylor
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Charles Winfrey
(b) Address De Witt

17. (a) (Burial, cremation, or removal) (b) Date thereof June 6 1940
(Month) (Day) (Year)

(c) Place: burial or cremation De Witt

18. (a) Signature of funeral director John H. Meyer, Jr.

(b) Address Brunswick

19. (a) June 7-40 (b) Alto Henderson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll
(c) City or town De Witt
(If outside city or town limits write "RURAL")
(d) Street No. 5
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th
year 1940 hour 4 minute 25 P. M.

21. I hereby certify that I attended the deceased from April 13
1940 to June 4 1940
that I last saw him alive on June 4th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardiopathy
Duration

Due to
Due to

Other conditions Intermittent nephritis 3 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 121
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) C
(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 While at work? (Specify type of place) (e) Means of injury

23. Signature H. E. Saults (M. D. or other)
Address De Witt Mo Date signed 6/6-40

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-10-70

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 H. Meyer

Licensed Embalmer No. 3730

P. O. Address Brunswick, Me

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21437**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **136**

Primary Registration District No. **4076**

Registrar's No.

1. PLACE OF DEATH:

- (a) County **Cass**
(b) City or town **Severt**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

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

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

3. (a) PRINT FULL NAME

Effie Winfrey

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

4. Sex **7** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **m**
6. (b) Name of husband or wife 6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
75 **1** **4** hr min

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

15. Birthplace **Chandlerville Ill.** (City, town, or county) (State or foreign country)

16. (a) Informant

- (b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a) **Aug 6 - 40** (b) **Atta Henderson** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **June** day **4** year hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death

- Due to

- 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?

- While at work? (Specify type of place) (c) Means of injury

23. Signature **H. A. Sauls** (M. D. or other) Address **Severt Mo** Date signed

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

SUPPLEMENTARY

