. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 13 1944

Registration District No. 188

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38272

Primary Registration District No. 5700

Registrar's No. 11

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Hale, RFD# GrandRiver
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home 2 miles west 3 M. north Hale,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether)
In this community 8 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Livingston
Twp.
(c) City or town Hale, Missouri RURAL.
(If outside city or town limits, write "RURAL")
(d) Street No. 2 m. West, 3 m. north hale, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME ELIZABETH LEXY WINFREY,
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex F. 1
5. Color or race W
6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife John E. Winfrey,
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased March (Month) 14th (Day) 1898 (Year)
8. AGE: Years 47 Months 8 Days 10 If less than one day ____hr. ____min.
9. Birthplace Pomona, Missouri. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife,
11. Industry or business
FATHER 12. Name Geo. U. Goyer,
13. Birthplace Pomona, Missouri. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Emma Palmer,
15. Birthplace Gascanade County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant John E. Winfrey,
(b) Address Hale, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/1944 (Month) (Day) (Year)
(c) Place: burial or cremation Hale, Missouri.
18. (a) Signature of funeral director Clifford W. Austin
(b) Address Tina, Missouri.
19. (a) 11-26-1944 (Date received local registrar) (b) Mrs Vara S. Fullerton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24
year 1944 hour 12:10 minute P. M.
21. I hereby certify that I attended the deceased from July 1944 to Nov 24, 1944
that I last saw her alive on Nov 21 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to Hemoplegia	
Due to	
Other conditions (Include pregnancy within 3 months of death) 946	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 G. O. Brookbank M. D. or other)
Address Bosworth Mo Date signed Nov 25

10-47 (Licensed Embalmer's Statement on Reverse Side)

NOV 1 3 1953

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 Clifford W. Justice

Licensed Embalmer No. #3233

P. O. Address Tina, Missouri.

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.