

FILED MAY 13 1946

State File No.

Registration District No. 25

Primary Registration District No. 3011

Registrar's No. 84

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: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire Life years, months or days

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. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANK WINFREY

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

4. Sex M 2 5. Color Wol 5. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Mattie Winfrey 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased May 19 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

12. Name H. W. Winfrey

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

14. Maiden name Phoda Nunley

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

16. (a) Informant Mrs. John Miles
(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 4-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wyeon Oak Hill

18. (a) Signature of funeral director Stanley Gibson
(b) Address Carrollton Mo

19. (a) 4/10/46 (b) Mrs. Herbert Caber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 8 year 1946 hour 10 minute 50P M.

21. I hereby certify that I attended the deceased from April 8, 1946 to April 8, 1946
that I last saw him alive on April 8, 1946
and that death occurred on the day and hour stated above.

Immediate cause of death Acute cardiac failure Duration _____

Due to Hypertensive Cardiac vascular disease
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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature John M. Alford (M.D. or other) _____
Address Carrollton Mo Date signed 4/10/46

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

11410

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-10-46

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.