

REC'D SEP 20 1938
MISSOURI STATE BOARD OF HEALTH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28565
Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 135
(b) Township Carrollton Primary Registration District No. 3010 Registered No. 88
(c) City Carrollton (d) Street No. Senon Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. John M. Winfrey 516 St. Carrollton
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (write name of) <u>Clara B. Winfrey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-10-1874</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>7</u>	DAYS <u>5</u>
IF LESS than 1 day,hrs. ormin.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll Co. Mo.</u>		
FATHER	13. NAME <u>James R. Winfrey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Lura Adkins</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll Co. Mo.</u>	
17. INFORMANT (ADDRESS) <u>Charles Winfrey</u> <u>Carrollton Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Adkins</u> DATE <u>8-17-1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Willis Funeral Home</u> <u>Carrollton Mo.</u>		
20. FILED <u>816</u> 1938 <u>John Haskins</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 9:45 P.m.

The principal cause of death and related causes of importance were as follows:
Killed in auto wreck on Highway 65, 4 miles South of Carrollton Mo.

Other contributory causes of importance: Skull fracture
Crushed breast

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8/15, 1938
Where did injury occur? 4 miles S. Carrollton
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury car collided with truck
Nature of injury skull fracture & crushed breast

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) E. A. Deussen M.D.
(Address) Carrollton Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/2/38

STATEMENT BY LICENSED EMBALMER

I, J. E. Miles, Licensed Embalmer No. 1783
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Ralph Van Landuyck
L. E.
No. 4009 or by _____
working under my personal supervision.

Signed _____

Registered Apprentice No. _____

Licensed Embalmer No. 1783

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.)