

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

42655

Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 135  
(b) Township Eugene Primary Registration District No. 5201  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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. 516 Matthew Melvin Winfrey St. Wakenda Mo  
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Emma Cecile Winfrey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-26-1851

7. AGE YEARS 87 MONTHS 2 DAYS 16 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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) Wakenda Mo

FATHER 13. NAME John Winfrey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Sarah Ann Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Ia

17. INFORMANT (ADDRESS) Mrs. A. S. Huffman  
Wakenda Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wakenda Cem DATE 12-15-1938

19. FUNERAL DIRECTOR (ADDRESS) Willis Funeral Home  
Carrollton Mo

20. FILED 12-15-1938 With Wakenda  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-1-1934 to 12-12-1938

I last saw him alive on 12-12-1938 Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

Senility  
152  
Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

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? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

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

If so, specify \_\_\_\_\_

(Signed) A. B. Deconner, M. D.

(Address) Carrollton, Mo

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 11/13/39

STATEMENT BY LICENSED EMBALMER

I, Ralph Van Landingham, Licensed Embalmer No. 4009  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Ralph Van Landingham  
Licensed Embalmer No. 4009

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.)