

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.

JAN 11 1938

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

42828
 Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township 1 Primary Registration District No. 3014 Registered No. 340
 (c) City Jefferson City (d) Street No. 521 R. W. Miller 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 5 3/8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 521 R. W. Miller St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1937
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
1 1 1
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. infant
 9. Industry or business in which work was done, as saw mill, bank, etc. infant
 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) Holt Summit Mo

FATHER 13. NAME Ralph Winters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller, Co. Mo

MOTHER 15. MAIDEN NAME Elliot

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centertown Mo

17. INFORMANT Ralph Winters
 (ADDRESS) 521 R. W. Miller, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Centertown, Mo. DATE Dec 31 1938

19. FUNERAL DIRECTOR Bressler Funeral Home
 (ADDRESS) Jefferson City, Mo.

20. FILED 12/31/38 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1938

22. I HEREBY CERTIFY That I attended deceased from Dec 27, 1938 to Dec 30, 1938
 I last saw him alive on Dec 30, 1938 Death is said to have occurred on the date stated above, at 130 M.
 The principal cause of death and related causes of importance were as follows:

Pneumonia
Bilateral
 Date of onset _____

Other contributory causes of importance:
Infected leg from a burn
 Name of operation _____ Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? no

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? no
 If so, specify _____
 (Signed) J. B. Bressler M.D.
 (Address) Jefferson City, Mo.

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STATEMENT BY LICENSED EMBALMER

I, Victor Buescher, Licensed Embalmer No. 3701

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

not

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Victor Buescher

Licensed Embalmer No. 3701

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

42828
Do not use this space.

1. PLACE OF DEATH
 (a) County Cole Registration District No. 213
 (b) Township Primary Registration District No. 3014 Registered No.
 (c) City Jefferson (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 Abbie Louise Winter
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) inf

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 1 1

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

FATHER
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1928

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19, 19
 I last saw h. alive on , 19. Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia Date of onset
infected leg from a laceration
 Other contributory causes of importance:
infected leg from a laceration
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?
 23. If death was due to external causes (violence) give also the following: Accident, suicide, or homicide Accident of injury Dec 28 1928
 Where did injury occur? Jefferson City, Mo
 Specify whether injury occurred in industry, in home, or in public place. Home
 Manner of injury Death of horse in stable
 Nature of injury Buried on leg
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) J. H. Bruce M. D.
 (Address) Jefferson City, Mo.

SUPPLEMENT

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. SIXTEENS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

