

S. No. 2  
OM-2-43  
v. 5-17-39  
I X38697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10066**

**FILED APR 2 1947**

Registration District No. **221**

Primary Registration District No. **5793**

Registrar's No. **8**

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

1. PLACE OF DEATH:

(a) County Moniteau Co

(b) City or town Sandy Hook, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sandy Hook, Mo  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community Life  
years, months or days

3. (a) PRINT FULL NAME William Elias Wingate

3. (b) If veteran, name war No

3. (c) Social Security No. 487.12.8755

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 1 1879  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	6	25	hr. min.

9. Birthplace Moniteau Co  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name James Wingate

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

14. Maiden name Alma C. Acors

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

16. (a) Informant L. F. Wingate

(b) Address Sandy Hook, Mo

17. (a) Burial (b) Date thereof Mar. 27, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemt

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) March 29-47 (b) Gada M. Bruce  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau **68**

(c) City or town Sandy Hook, Mo  
(If outside city or town limits, write "RURAL") **0**

(d) Street No. Sandy Hook Mo  
(If rural, give location) **0**

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25  
year 1947 hour 11/10 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from very  
1 March 25 1947  
that I last saw him alive on March 25 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Disease of Heart

Due to \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) [Signature]

Address [Signature] Date signed [Signature]

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 4-1-47

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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California, 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.