

55 OCT 21 1938

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

32457
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Galeana Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. St. John's 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 Mrs. Frances E. Webster 123

(a) Residence, No. 123 Moffet 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1851

7. AGE YEARS 87 MONTHS 2 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Chicago, Illinois

13. NAME F. E. Mc Fall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill.

15. MAIDEN NAME Sarah K. Dieley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton, N. J.

17. INFORMANT Mrs. Nora A. Brandt (ADDRESS) 401 E 5th St, Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem. DATE September 14, 1938

19. FUNERAL DIRECTOR (NAME) Therhill - Dillon (ADDRESS) Joplin, Mo

20. FILED 9-14-1938 Ed J. James Local Registrar.

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

22. I HEREBY CERTIFY that I attended deceased from Sept 12, 1938 to Sept 12, 1938.
 That said deceased alive on Sept 13, 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset _____

fractured Right Acetabulum
 1941

Name of operation _____ Date of _____
 What test confirmed diagnosis X-Ray Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident of injury 9-7-1938

Where did injury occur? Joplin Mo
 (Specify city or town, county, and State)

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

Manner of injury intention
 Nature of injury trau. et. acetabulum

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) [Signature] M. D.
 (Address) [Address]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-321

Date Filed 10/12/38

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,

Don Tetrick

....., or by

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

Signed.....

Don Tetrick

Licensed Embalmer No.....

4008

P. O. Address.....

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, above space should be left blank.