

REC'D JAN 9 1939

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

44244
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
 (b) Township Sussex Primary Registration District No. 3034
 (c) City Mabley (d) Street No. 1309 Watson Ave. Registered No. 227
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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

134 Harmon Edmond Webdell
 (a) Residence, No. 1309 Watson Ave 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Sarah Olive Webdell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 6 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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) Lentree (STATE OR COUNTRY) Missouri

FATHER 13. NAME Aaron Lewis Webdell

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

MOTHER 15. MAIDEN NAME Millie Byrum

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

17. INFORMANT (ADDRESS) Mrs. Harmon Webdell

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbina, Mo. DATE Dec. 15, 1938

19. FUNERAL DIRECTOR (ADDRESS) E. Hays Shelbina, Mo.

20. FILED Dec 16, 1938 Ethel Chilton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1938, to Dec 15 1938
 I last saw him alive on Dec 15 1938 Death is said to have occurred on the date stated above, at 9 p m.
 The principal cause of death and related causes of importance were as follows:

General Military TB
32

Other contributory causes of importance:

Rheumatoid
Left Internal Saphenous

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? No 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) D. J. Nickelly M. D.
Mabley, Mo. (Address)

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.

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STATEMENT BY LICENSED EMBALMER

I, E. Hayes....., Licensed Embalmer No. 1437
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.
Signed E. Hayes.....
Licensed Embalmer No. 1437

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.)