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

6802
Do not use this space.

0000 MAR 17 1939

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1. PLACE OF DEATH
(a) County Jasper 2 Registration District No. 408
(b) Township 1 Primary Registration District No. 3020 Registered No. 39
(c) City Carthage (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 34 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 123 Frank S Webster
(a) Residence, No. 1307 S Garrison Ave St. ☐ .....
(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 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 Mildred Webster
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 19, 1866
7. AGE YEARS 72 MONTHS 10 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME E. P. Webster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

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

17. INFORMANT (ADDRESS) Mrs. F. S. Webster 1307 S. Garrison - City
18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton, Mo. DATE Feb. 27, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lowell Mortuary Carthage, Mo.
20. FILED Feb. 27, 1939 E. J. McIntire M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1939
22. I HEREBY CERTIFY, That I attended deceased from Apr 24, 1938, to Feb 25, 1939
I last saw him alive on Feb. 23, 1939. Death is said to have occurred on the date stated above, at 6:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	?
124 Pg	
Other contributory causes of importance: Chr. Myocarditis	(?)

Name of operation none Date of .....
What test confirmed diagnosis? physical Was there an autopsy? no

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) George H. Wood, M. D.
(Address) Carthage Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 6-39-563

Date Filed MAR 9 1939

SEP 30 1950

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, P. W. Knell, or by

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

Signed P. W. Knell

Licensed Embalmer No. 814

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.