No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 13 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14342

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 432

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2417 Messanie st. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ___ (Specify whether ✓)

In this community 4 months (years, months or days) 1 2 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph, Mo. (If outside city or town limits write "RURAL")

(d) Street No. 2417 Messanie St (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? ___ years.

3. (a) PRINT FULL NAME Lewis E. Webster

3. (b) If veteran, name war no

3. (c) Social Security No. no

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 29, 1875 (Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 14 If less than one day ___ hr. ___ min.

9. Birthplace Kewanee, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name E. S. Webster
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown Ellenwood
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant W. C. Webster

(b) Address 2417 Messa nie St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-40 (Month) (Day) (Year)

(c) Place: burial or cremation Hamilton, Mo.

18. (a) Signature of funeral director Tracy Barry Funeral Home

(b) Address 818 South 10th St

19. (a) Apr. 15, 1940 (Date received local registrar) (b) A. Guestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1940 hour 12:30 minute P M.

21. I hereby certify that I attended the deceased from Jan 26- 1940, to April 13, 1940, that I last saw him alive on April 13, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Hypertension Ur Carcinoma of Lungs Metastasis Thesophagus Starvation

Duration: 13-40; 3 weeks

Due to ___

Other conditions (Include pregnancy within 3 months of death) 47

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? ___ (Specify type of place)

85 While at work? ✓ (e) Means of injury ✓

23. Signature Charles H. Werner (M. D. or other) 1

Address 2219 Kirkpatrick Bldg. Date signed ___

(Licensed Embalmer's Statement on Reverse Side)

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 Victor Barry, Registered Apprentice No. 252, working under my personal supervision.

Signed John E. Myers

Licensed Embalmer No. 3220

P. O. Address St. Joseph, 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, above space should be left blank.