

FILED FEB 24 1941

## STANDARD CERTIFICATE OF DEATH

State File No. 3125

Registration District No. 449

Primary Registration District No. 4267

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Rebanon Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: —(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whetherIn this community \_\_\_\_\_  
years, months or days)3. (a) PRINT FULL NAME Ada Webster3. (b) If veteran, name war ✓ 3. (c) Social Security No. none4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased May 28 1860  
(Month) (Day) (Year)8. AGE: Years 80 Months 8 Days 3 If less than one day  
hr. min.9. Birthplace Leshuson Ind  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business Housewife12. Name Martin Barker13. Birthplace Uniontown 9  
(City, town, or county) (State or foreign country)14. Maiden name Winters15. Birthplace Uniontown 9  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Chora King(b) Address Rebanon Mo17. (a) \_\_\_\_\_ (b) Date thereof Feb 11 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Holston Cemetery18. (a) Signature of funeral director E. N. Stewart(b) Address Rebanon Mo19. (a) 1-31-41 (b) J. A. M. Coult  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Laclede 53  
(c) City or town Rebanon Mo 1  
(If outside city or town limits, write "RURAL") 2(d) Street No. 211 Garfield  
(If rural, give location) 0

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31  
year 1941 hour 11 minute 0 a. M.21. I hereby certify that I attended the deceased from 1-18, 1941, to 1-31, 1941,  
that I last saw h \_\_\_\_\_ alive on 1-18, 1941,  
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral hemorrhage Duration \_\_\_\_\_

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? Yes (Specify type of place) \_\_\_\_\_

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

23. Signature J. A. M. Coult (M. D. or other) 0Address \_\_\_\_\_ Date signed 1/31/41

RECEIVED

District Health Officer No. 7,

District File Number 3-41-371

Date Filed 2-13-41

---

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*E. N. Stewart*

Licensed Embalmer No.

*1885-*

P. O. Address

*Hubanon ma*

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.