

470
1
6
FEB 25 1941

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

4039
Do not use this space.

1. PLACE OF DEATH
(a) County Ripley Registration District No. 750
(b) Township _____ Primary Registration District No. 4451 Registered No. 1727
(c) City Doniphan, Mo (d) Street No. William O'Connell 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 Harris Webster
(a) Residence, No. Doniphan, Mo St. Success Arkansas
(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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26, 1937

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
3 2 10

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Success, Ark.

FATHER
13. NAME Wiley Webster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doniphan, Mo

MOTHER
15. MAIDEN NAME Jennella Goodard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pens., Ark.

17. INFORMANT Wiley Webster
(ADDRESS) Success, Ark.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Success, Ark. DATE Jan. 6, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) City Funeral Service
Corning, Arkansas

20. FILED Jan. 6, 1941 E. B. Johnston
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 5, 1941

22. I HEREBY CERTIFY That I attended deceased from January 2, 1941, to January 5, 1941
I last saw him alive on January 5, 1941. Death is said to have occurred on the date stated above, at 5:40 P. M.
The principal cause of death and related causes of importance were as follows:
Empyema
Date of onset _____

Other contributory causes of importance:
Pneumonia

Name of operation Thoracotomy Date of 1-3-41
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? _____ 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?
If so, specify _____
(Signed) J. H. Williams M. D.
(Address) Doniphan, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X14025

110

RECEIVED

District: No. _____ Floor No. 5,

District File Number 241311

Date Filed _____

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 _____

Licensed Embalmer No. _____

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4039

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 750

Primary Registration District No. 4451

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Joseph
(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 _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Harris Webster

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 3 Months 1 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

19. MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 5 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Empyema Duration _____

Due to _____

Due to _____

Other conditions Pneumonia lobor (Include pregnancy within 3 months of death)

Major findings: Of operations Large amt of Pus

Of autopsy _____

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 _____ (Specify type of place) (e) Means of injury _____

23. Signature J. E. Williams (M. D. or other) _____ Address _____ Date signed _____

SUPPLEMENTAL COPY

PHYSICIAN
Underline the cause to which death should be charged statistically.

