

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11035**

APR 3 1941
Registration District No. **7417**

Primary Registration District No. **3021**

Registrar's No. **17**

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

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town WEBB CITY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 609 N. TOM
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 4.5 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper **49**
 (c) City or town Webb City **83**
 (If outside city or town limits, write "RURAL")
 (d) Street No. 609 N. Tom
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Deborah Ann Titus
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 3rd
 year 1940 hour 12.15 minute 01 M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Widowed
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 9 1848
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 27, 1940, to March 3, 1941
 that I last saw h. or alive on Feb 27, 1940,
 and that death occurred on the date and hour stated above.

8. AGE: Years 92 Months 5 Days 22 If less than one day _____ hr. _____ min.

Immediate cause of death
Cardio-vascular renal disease
 Due to _____

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

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

10. Usual occupation at home
11. Industry or business at home
MOTHER FATHER
 12. Name David Mercier
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Gertrude North
 (b) Address 609 N. Tom St. Webb City
17. (a) Burial (b) Date thereon May 5, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Webb City Cemetery
18. (a) Signature of funeral director Webb City Burial Co.
 (b) Address Webb City, Mo.
19. (a) MO 4 4 (b) J. D. Ditchcock, Jr.
 (Date received local registrar) (Registrar's signature)

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?
377 (Specify type of place)
 While at work? Yes (e) Means of injury _____
23. Signature W. B. Webb (M. D. or other) W
 Address Webb City, Mo Date signed 4/3/41

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 *myself*,

Registered Apprentice No. _____

working under my personal supervision.

Signed *Clayton M. Johnston*

Licensed Embalmer No. *3,922*

P. O. Address *Webb City, 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, fact should be so stated above.