No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 6 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34620

Registration District No. 175 Primary Registration District No. 4104 Registrar's No. 53

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

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Salisbury Ward 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton 21
(c) City or town Salisbury 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. City 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no — years.

3. (a) PRINT FULL NAME Robert Lee Webster
3. (b) If veteran, name war
3. (c) Social Security 495-07-6364
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Webster
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased May (Month) 13 (Day) 1881 (Year)

8. AGE: Years 60 Months 4 Days 1 If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Grain elevator
FATHER
12. Name John Webster
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Bailey
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Anna Webster
(b) Address Salisbury Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Salisbury
18. (a) Signature of funeral director Geo B Winkelmeyer
(b) Address Salisbury Mo
19. (a) 10/15/41 (Date received local registrar) (b) G W Hawkins MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1941 hour 1 minute 40 A. M.
21. I hereby certify that I attended the deceased from July, 1938, to Oct 14, 1941; that I last saw him alive on Oct 14, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy	7 hrs
Due to Chronic hypertensive myocarditis	12 yrs
Due to Generalized arteriosclerosis	8 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations — 830
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)
While at work? (e) Means of injury C.
23. Signature F. L. Harms (M. D. or other) MD
Address Salisbury Mo Date signed 10/16/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-14-41

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

me Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 998

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, fact should be so stated above.