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13-40
7-39
X23159

State File No. _____

DEC 18 1941 328
Registration District No. _____

Primary Registration District No. 5463

Registrar's No. _____

1. PLACE OF DEATH

(a) County Gentry

(b) City or town Spickard Rural
(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 all life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry

(c) City or town Spickard Rural
(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.

3. (a) PRINT FULL NAME Mary Frances Webster

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16
year 1941 hour 2 minute 30 AM.

4. Sex 71

5. Color or race w

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife see

6. (c) Age of husband or wife if alive see years (Month) (Day) (Year)

7. Birth date of deceased Jan 6 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 9, 1941, to Nov. 16, 1941; that I last saw her alive on Nov. 15, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 10 Days 7 If less than one day hr. min.

Immediate cause of death apoplexy

Due to 830

Due to _____

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

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

10. Usual occupation _____

11. Industry or business housewife

12. Name Silas Kalleff

13. Birthplace Mo Va 1
(City, town, or county) (State or foreign country)

14. Maiden name Marcella Kalleff

15. Birthplace Mo Va 1
(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 Jus Webster

(b) Address Trenton Mo

17. (a) burial (b) Date thereof NOV 19 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salus Cem

18. (a) Signature of funeral director W. J. Cooper

(b) Address Trenton Mo

19. (a) 11-19-41 (b) J. D. D. D.
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. J. Cooper M.D. (M. D. or other) _____
Address Trenton Mo Date signed 11-17-41

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

MOTHER FATHER

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: *Chas D. G. [Signature]*

Licensed Embalmer No. *3109*

P. O. Address *Wentworth, Md*

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.