

S. No. 2  
M-1-4-41  
v. 5-17-39  
P-1 X26390

1565 #

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 18 1942

Registration District No. 2

Primary Registration District No. 202

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Rosendale, MO  
(Outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
City  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 13 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew

(c) City or town Rosendale, MO  
(If outside city or town limits, write "RURAL")

(d) Street No. City (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM WEBSTER

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day X # 4  
year 42 hour 4 minute a M.

21. I hereby certify that I attended the deceased from the body  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased: Aug 29 1853  
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis

Due to Arteriosclerosis

Due to Stroke 4 m. ago

Other conditions 83a  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day

88 4 6 8 hr. min.

9. Birthplace Andrew Co, MO 11  
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name James Webster

13. Birthplace unknown 7  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Jane Clements

15. Birthplace unknown 7  
(City, town, or county) (State or foreign country)

16. (a) Informant Katie Boling

(b) Address Rosendale, Mo

17. (a) McElrother Ave (b) Date thereof Dec 6 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Opdyke, Mo

18. (a) Signature of funeral director J. Fred Terburn

(b) Address Savannah, Mo

19. (a) 7/6/1942 (b) F.H. Fritchman  
(Date received local registrar) (Registrar's signature)

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

(a) Means of injury g

23. Signature Clifford A. Hedley D. or other) DL

Address Rosendale, Mo Date signed 1/6/42

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

200

---

---

**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.....

*W. Fred Zerkman*

Licensed Embalmer No. *1299*

P. O. Address. *Savannah 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.**