

FILED MAR 20 1942

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

7981

Do not use this space.

## 1. PLACE OF DEATH

(a) County Schuyler Registration District No. 802  
 (b) Township Jabins Primary Registration District No. 6046 Registered No. 91  
 (c) City or Downing Mo (d) Street No. 1 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? 0 yrs. mos. ds.

## 2. PRINT FULL NAME

Rosa Ellen Webster  
 (a) Residence, No.                      St.                      (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>B. A. Webster</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 23 1871</u>		
7. AGE	YEARS	MONTHS
<u>71</u>	<u>0</u>	<u>25</u>
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.
<u>                    </u>		<u>Housewife</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
<u>                    </u>		<u>                    </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Schuyler Co., Mo.</u>		
13. NAME <u>Nicholas Schussbach</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
15. MAIDEN NAME <u>Bridger</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>                    </u>		
17. INFORMANT <u>B. A. Webster</u> (ADDRESS) <u>Downing Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Webster</u> DATE <u>Feb 19 1942</u>		
19. FUNERAL DIRECTOR (NAME) <u>Lloyd Moore</u> (ADDRESS) <u>Downing Mo.</u>		
20. FILED <u>Feb 19 1942</u> <u>H. C. Eberig</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1942

22. I HEREBY CERTIFY. That I attended deceased from                      19                     to                      19                    .

I last saw her alive on Feb 17 1942 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:  
Metastatic Carcinoma of stomach, resulting from Carcinoma of Uterus Date of onset                     

Other contributory causes of importance:  
50

Name of operation                      Date of                       
 What test confirmed diagnosis?                      Was there an autopsy? no

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? no  
 If so, specify                       
 (Signed) George W. Johnson M. D.  
 (Address) Downing Missouri

(Licensed Embalmer's Statement on Reverse Side)

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.

I X16605

APR 3 1942

**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..... Lloyd Moore

Licensed Embalmer No. 3151

P. O. Address Dorwin 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, above space should be left blank.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7981  
Registrar's No. ....

Registration District No. 802

Primary Registration District No. 6046

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

1. PLACE OF DEATH:  
(a) County Schuyler  
(b) City or town Marion  
(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.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Schuyler  
(c) City or town Dawsoning Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) Citizen of foreign country American (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Rosa E. Webster  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color of race W 6. (a) Single, widowed, married, divorced in

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

7. Birth date of deceased Jan 23  
(Month) (Day) (Year)

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

(b) Address Dawsoning Mo.

19. (a) Feb 19-42 (b) H. G. Gerwig  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Day..... Year..... Hour..... Minute..... M.

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

Duration

Due to.....

Due to.....

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

Major findings: Of operations.....

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)

(b) 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..... (M. D. or other).....

Address..... Date signed.....

SUPPLEMENTARY

5-7981