V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11035

Registration District No. 417 Primary Registration District No. 3021 Registrar's No. 31

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

049
6
2

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049
(c) City or town Webb City, Missouri 6
(If outside city or town limits, write "RURAL")
(d) Street No. 705 N. Roane 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Raymond LeMaster

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife No Data
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 12, (Day) 1894 (Year)

8. AGE: Years 47 Months 5 Days 18 If less than one day hr. min.

9. Birthplace Aurora, (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation Miner
11. Industry or business Mines

FATHER
12. Name George W. LeMaster
13. Birthplace No Data (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name Amanda Gibbs
15. Birthplace No Data (City, town, or county) 1 Alabama (State or foreign country)

16. (a) Informant Geo. W. LeMaster
(b) Address Webb City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/42 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cem. Monett, Mo.
18. (a) Signature of funeral director Hedge-Nelson
(b) Address Webb City, Mo.
19. (a) Mar. 31, 1942 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1942 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 20, 1942 to Mch 30, 1942
that I last saw him alive on Mch 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Silico Tuberculosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

13 P

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

23. Signature P. L. Pritchett (M. D. ~~or other~~) 0
Address Webb City, Mo Date signed 3/31/42.

1180

(Licensed Embalmer's Statement on Reverse Side)

42.3.299.

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.....

Licensed Embalmer No.....

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.