

Registration District No. 337

Primary Registration District No. 4497

Registrar's No. 81

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

1. PLACE OF DEATH
 (a) County Shelby
 (b) City or town Clarence Town
 (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 _____ (Specify whether _____)
 In this community _____ years, months _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Shelby
 (c) City or town Clarence
 (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.? 0 years.

3. (a) PRINT FULL NAME Mrs Ora Bell Webbed

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

4. Sex Male 5. Color of race White 6. (a) Single, married, divorced, Married

6. (b) Name of husband or wife Lewis Webbed 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept 7 1878 (Month) (Day) (Year)

8. AGE: 63 years 11 months 4 days If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Private Residence

12. Name Alexander Harris

13. Birthplace Monroe Co Mo (City, town, or county) (State or foreign country)

14. Maiden name Sarah Anna Key

15. Birthplace Monroe Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Lewis Webbed

(b) Address Clarence, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date there Aug 13 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Clarence, Mo Hamilton C. Co

18. (a) Signature of funeral director Clarence, Mo

(b) Address Aug 13 42 (Date received local registrar) (c) Madge Gosh (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 11 day August year 1942 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Aug 10, 1942 to Aug 11, 1942 that I last saw him alive on Aug 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Colitis
 Due to Intestinal Infections
 Due to _____
 Other conditions 1702 (Include pregnancy within 3 months of death)

PHYSICIAN _____
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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) _____
 Means of injury _____
 23. Signature Frank A. Roy (M. D. or other) _____
 Address Clarence Mo Date signed 8-12-42

1095

RECEIVED

District Health Officer No. 10

District File Number 9-42-1746

Date Filed SEP 10 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

Licensed Embalmer No. 1754

P. O. Address Hannowell M

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.