V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2526

FILED FEB 11 1943

Registration District No. 133

Primary Registration District No. 3127

Registrar's No. 4

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: 216 N. Penn 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 or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Webb City 6
(If outside city or town limits, write "RURAL") 2
(d) Street No. 216 N. Penn.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Unnamed Infant of Fred Drury

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Jan. (Month) 9 (Day), 1943 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	4 hr. ..... min.

9. Birthplace Webb City (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business .....

FATHER
12. Name Fred Drury
13. Birthplace Webb City (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Ellen Smith
15. Birthplace Pine (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Fred Drury - Father
(b) Address 216 N. Penn., Webb City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Carterville Cemetery

18. (a) Signature of funeral director Disposed of by family
(b) Address 216 N. Penn, Webb City, Mo.

19. (a) Jan. 9 1943 (Date received local registrar) (b) Mrs Lillie Lizzie (Registrar's signature)

1180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1943 hour 9 ½ minute a. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw her alive on Jan 9, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

159

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

23. Signature R M Stormont (M. D. or other) 0
Address Webb City Mo. Date signed 1/9/43

(Licensed Embalmer's Statement on Reverse Side)

13-1-21

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 Not embalmed, 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.