

7. S. No. 2
DM-9-4-41
5-17-39
I X2942

10900

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 217

Primary Registration District No. 5787

Registrar's No. 18

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

000

1. PLACE OF DEATH:

(a) County: Mississippi

(b) City or town: Charleston, Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Charleston, Mo. R.F.D.#2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Irregularly
(Specify whether)

In this community All of life
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Miss. ⁶⁷

(c) City or town: Charleston, Rural ⁵
(If outside city or town limits, write "RURAL")

(d) Street No.: Charleston, R.F.D.#2
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country: NONE

3. (a) PRINT FULL NAME: Louise Webster

3. (b) If veteran, name war: No. 3. (c) Social Security No.: NONE

4. Sex: Female 5. Color or race: Negro 6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: NONE 6. (c) Age of husband or wife if alive: NONE years

7. Birth date of deceased: February 18 1938
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>5</u>	<u>0</u>	<u>13</u>	hr. min.

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

10. Usual occupation: At Home

11. Industry or business: At Home

12. Name: Odie Webster

13. Birthplace: Wolf Island Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name: Clara BURNETT

15. Birthplace: Charleston Miss. 1
(City, town, or county) (State or foreign country)

16. (a) Informant: Odie Webster

(b) Address: Charleston, Mo. R.F.D.#2

17. (a) Burial: Burial (b) Date thereof: 3-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove, Charleston

18. (a) Signature of funeral director: J. D. Alexander
(b) Address: 3-5-43 Charleston, Mo.

19. (c) Date received local registrar: 3-5-43 (d) Registrar's signature: J. D. Alexander
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1943 hour 11 minute 25 A.M.

21. I hereby certify that I attended the deceased from Feb 27 1943 to Feb 28 1943
that I last saw her alive on Feb 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Second Degree Burn of entire body
Due to: one day

Other conditions: (Include pregnancy within 3 months of death) 18 1/2

Major findings: none
Of operations: none

Of autopsy: none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Accident 067

(b) Date of occurrence: Feb 27, 1943

(c) Where did injury occur?: Charleston Miss Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
About Home
(Specify type of place)

While at work: J. D. Alexander (e) Means of injury: Fire

23. Signature: J. D. Alexander (M. D. or other) 1
Address: 1209 Washington Ave. Greenville Date signed: 3-2-43

(Declassed Embalmer's Statement on Reverse Side)

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 443-494

Date Filed 4-12-48

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.

Not Embalmed

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.