

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11090

ED APR 9 1943
Registration District No. 274

Primary Registration District No. 3052

State File No.

Registrar's No. 74

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 612 So KY 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 58 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME FLORENCE C WEBSTER

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WID.

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

7. Birth date of deceased JAN. 27 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 15 If less than one day hr. _____ min. _____

9. Birthplace EFFINGHAM ILL. 1
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business _____

12. Name GEO MARSHALL
13. Birthplace VER. 1
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET JOY DAN
15. Birthplace CONN. 1
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. J. G. LOVE
(b) Address SEDALIA, MO

17. (a) BURIAL (b) Date thereof 3-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEM. PARK

18. (a) Signature of funeral director Geo A. [unclear]

(b) Address Sedalia, Mo.

19. 3-12-43 (b) Mo Anna Anger
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County PETTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 612 So KY
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 12
year 1943 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 1939 to 3-12-43
that I last saw her alive on 3-12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic myocarditis
Due to Arteriosclerosis

Due to _____

Other conditions Acute hepatitis
(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)
(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 J. M. Rodeman (M. D. or other) M.D.
Address Sedalia Mo Date signed 3-12-43

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-8-43

APR 10 1947

MAR 27 1947

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 _____

L. E. Boulchini
Licensed Embalmer No. 3867

P. O. Address Seaside, Calif.

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.