. S. No. 2
M—9-4-41
5-17-39
PI X29484

49
6
2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18089

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 49

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: 515 S. Hall 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 48 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49 2

(c) City or town Webb City
(If outside city or town limits, write "RURAL")

(d) Street No. 515 S Hall
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Sarah La Vina Burton

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 Widowed

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

7. Birth date of deceased March 31 1867
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	1	18	..... hr. ..... min.

9. Birthplace Jasper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation .....

11. Industry or business at Home

FATHER
12. Name Jas A. Westfall
13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rachel Tarlton
15. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Goldie Burton
(b) Address Webb City, Mo.

17. (a) Burial (b) Date thereof May 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mass Springs Cem

18. (a) Signature of funeral director Webb City Wind Co.
(b) Address Webb City Mo.

19. (a) May 22, 1943 (b) Mrs Lillie Lagle
(Date received local registrar) (Registrar's signature)

1180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1943 hour 9:15 minute a. M.

21. I hereby certify that I attended the deceased from 12-7, 1940, to May-19, 1943
that I last saw her alive on May 19, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes mellitus	
Due to	
Due to	
Other conditions (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?
(Specify type of place)

While at work? ..... (f) Means of injury .....

23. Signature M S Slaughter 2 (M. D. or other) D.O.

Address 205 W Riverdale Date signed 5-21-43

Webb City Mo.

(Licensed Embalmer's Statement on Reverse Side)

43-6-438

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 A. L. Mills

Licensed Embalmer No. 347

P. O. Address West City, Miss.

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.