

FILED JUN 17 1943

Registration District No. **50**

Primary Registration District No. **5180**

Registrar's No. **24**

1. PLACE OF DEATH:

(a) Country ~~MISSOURI~~ **CAMDEN**
(b) City or town **WARREN**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **ELDRIDGE MO**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **ALWAYS** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Camden**
(c) City or town **Eldredge Rural 15**
(If outside city or town limits, write "RURAL")
(d) Street No. **Eldredge Mo 9**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **HARROLD GLEN WEBESTER**

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

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife **0** 6. (c) Age of husband or wife if alive **0** years

7. Birth date of deceased **JAN 2 1943**
(Month) (Day) (Year)

8. AGE: Years **4** Months **9** Days **0** If less than one day **0** hr. **0** min.

9. Birthplace **CAMDEN CO MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **0**

11. Industry or business **0**

12. Name **WILLIE WEBESTER**

13. Birthplace **CAMDEN CO MO**
(City, town, or county) (State or foreign country)

14. Maiden name **DELLA E NICHOLS**

15. Birthplace **ARK**
(City, town, or county) (State or foreign country)

16. (a) Informant **Willie Webster**

(b) Address **ELDRIDGE MO**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **5 11 43**
(Month) (Day) (Year)

(c) Place: burial or cremation **PLEASANT HILL CEM.**

18. (a) Signature of funeral director **Tahners**

(b) Address **Stanton Mo**

19. (a) **5-12-43** (Date received local registrar) (b) **Edith Nelson** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **10**
year **1943** hour **12 NOON** minute **0** M.

21. I hereby certify that I attended the deceased from **May 2, 1943**, to **May 10, 1943**
that I last saw him alive on **May 9, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia Fever acute**

Due to **107**

Other conditions **no**
(Include pregnancy within 3 months of death)

Major findings: **No operation**
Of operations **0**
Of autopsy **No autopsy made**

22. If death was due to external causes, fill in the following: **no**
(a) Accident, suicide, or-homicide (specify) **no**

(b) Date of occurrence **no**

(c) Where did injury occur? **none**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**
(Specify type of place)

While at work? **no** (e) Means of injury **none**

23. Signature **E. G. Clark** (M.D. or other) **MO**

Address **Camden, MO** Date signed **5/12/43**

Duration

5 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1331

RECEIVED

District Health Officer No. 7,

District File Number

5-43-529

Date Filed

6-14-43

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.....

R. Babner

Licensed Embalmer No.....

1161

P. O. Address.....

Lamar Mo.

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.