

FILED AUG 9 1943

275

3053

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Nelle McFarland Memorial Hospital
(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 Mo. (b) County Crawford
(c) City or town Steelville
(If outside city or town limits, write "RURAL")
(d) Street No. Box 70, Route 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Larry Joe Webber

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased July 16, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 1 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name John Owen Webber

13. Birthplace Crawford County Mo
(City, town, or county) (State or foreign country)

14. Maiden name Velma Pearl Harmon

15. Birthplace Crawford County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Velma Harmon Webber

(b) Address Steelville, Mo. Box 70, Rte 1

17. (a) Burial (b) Date thereof July 7, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director not given

(b) Address _____

19. (a) 7/17/1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1943 hour 6 minute 23 P.M.

21. I hereby certify that I attended the deceased from July 16, 1943 to July 16, 1943
that I last saw him alive on July 16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Mal presentation (Transverse) Injury during delivery
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 16° C

Major findings: Of operations _____

Of autopsy _____

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? 0

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

23. Signature [Signature] (D. or other) 1/17/43
Address Rolla, Mo Date signed _____

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

81
2
29

28
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

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.