

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:  
Jane Chinn Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days  
 In this community 38 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jasper  
 (c) City or town Webb City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 217 South Main  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Virginia Ann Herbert

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

4. Sex Female 5. Color or race W. 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 February 12, 1865  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>9</u>	<u>20</u>	.....hr. ....min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER {  
 12. Name Theo Loney  
 13. Birthplace no data Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Malissa Wilson  
 15. Birthplace no data Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant sister: Mrs. Sarah Wood

(b) Address Webb City, Mo.

17. (a) burial (b) Date thereof 12/4/43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb City Cemetery

18. (a) Signature of funeral director Hedg. Nelson

(b) Address Webb City, Mo.

19. (a) Dec. 4, 1943 (b) Mrs. Lillie Ragle  
 (Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2  
 year 1943 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 2 1943  
10 to Dec. 2 1943  
 that I last saw her alive on Dec. 2 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carbon Monoxide Poisoning  
Due to Brush of Pneumonia  
Due to 1780  
 Other conditions 114  
 (Include pregnancy within 3 months of death)

Duration

3 days

4

PHYSICIAN

Major findings:  
 Of operations Gas perit  
 Of autopsy perit

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) Accident  
 (b) Date of occurrence Nov 29 1943  
 (c) Where did injury occur? at Webb City Mo  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
no

While at work? (Specify type of place) (c) Means of injury 0

23. Signature J. V. Staker (M. D. optional)  
 Address Webb City, Mo. Date signed 12/4/43

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

43-12-1057

012

JAN 3 1944

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. 2859  
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.