

FILED SEP 13 1944

Registration District No. **13**

Primary Registration District No. **4275**

Registrar's No. **22**

1. PLACE OF DEATH:

(a) County **Lincoln**

(b) City or town **Elberney**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(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

3. (a) PRINT FULL NAME **Lucy Webster**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 3. Color or race **B**

6. (a) Single, widowed, married, divorced **wid**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **June 9 1848**  
(Month) (Day) (Year)

8. AGE: Years **96** Months **-** Days **26** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Lincoln Co Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Edmond Campbell**

13. Birthplace **Elberney Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Eliza Campbell**

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

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

(b) Address **Elberney Mo**

17. (a) **Burial** (b) Date thereof **July 3 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Present City**

18. (a) Signature of funeral director **W. B. Rodley**

(b) Address **Elberney Mo**

19. (a) **Aug 5 1944** (b) **H. L. Williams**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** County **Lincoln**

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

(d) Street No. **6th Street**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **1**  
year **1944** hour **1 P.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **March 14**, 19 **44** to **July 1**, 19 **44**  
that I last saw her **alive on June 24**, 19 **44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral apoplexy followed by paralysis of right side of the body and gramprene of right foot**

Due to \_\_\_\_\_

Other conditions **Old age**  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy **3a**

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) (e) Means of injury \_\_\_\_\_

23. Signature **H. J. Allevato** (M. D. or other) \_\_\_\_\_  
Address **Winfield, Mo** Date signed **7/3/44**

1195

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed: 9-12-44

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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 W H Bradley

Licensed Embalmer No. 3966

P. O. Address Elbury

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.