V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31007

Registration District No. 137 Primary Registration District No. 42-155514 Registrar's No. 154

1. PLACE OF DEATH

(a) County HENRY

(b) City or town BROWNINGTON — rural OSAGE-TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 17 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42

(c) City or town Brownington 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME ADDIE J. WEBB

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife SAMUEL WEBB

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased JULY (Month) 9 (Day) 1871 (Year)

8. AGE: Years 73 Months 2 Days 4 If less than one day ___ hr. ___ min.

9. Birthplace FAIRFIELD (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Thomas Ashinhurst
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hannah Curtis
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ned Webb
(b) Address Brownington Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-44 (Month) (Day) (Year)

(c) Place: burial or cremation Brownington Cem.

18. (a) Signature of funeral director H. L. Vansant
(b) Address Clinton Mo.

19. (a) Sept. 14, 1944 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature)

1069

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13th year 1944 hour 2:10 minute A.M.

21. I hereby certify that I attended the deceased from Sept 12, 1944, to Sept 13, 1944 that I last saw her alive on Sept 13, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Carcinoma

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

46 b

Duration

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? (e) Means of injury

23. Signature C. D. Taylor (M. D. or other)

Address Brownington Mo Date signed 9/13/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-44-1098
Date Filed 10-5-44

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 H. L. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton 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.