

FILED OCT 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31961

Registration District No. 360

Primary Registration District No. 225

Registrar's No. 145

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph, no. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 yr. 5 mo. 1 da.
(Specify whether
In this community Same time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Clair
(c) City or town Taberville 111.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Addie Webster
3. (b) If veteran, name war No
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 7th
year 1944 hour 6:40 minute P. M.
21. I hereby certify that I attended the deceased from 6-5-44
1944 to 9-7-44, 1944
that I last saw her alive on 9-7-44
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Webster
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased unknown
(Month) (Day) (Year)

Immediate cause of death Coronary Heart Disease
Duration _____

8. AGE: Years 74 Months _____ Days _____
If less than one day hr. _____ min. _____

Due to Arteriosclerosis
Due to _____

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

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

10. Usual occupation Housework

11. Industry or business Own Home

12. Name James Bone

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Van Meter

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

16. (a) Informant Hospital Records
(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof Sept 9 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Lute Lewis & Son
(b) Address Schell City, Mo.
19. (a) 9-7-44 (b) Ray B. Bevers
(Date received local registrar) (Registrar's signature)

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 R. B. Lester (M. D. or other) _____
Address Nevada Mo Date signed 9-7-44

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

1330

DEPARTMENT OF HEALTH
District Health Officer No. 7,
District File Number 9-44-1164
Date Filed 10-11-44

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 Marion M. Lewis
Licensed Embalmer No. 3084
P. O. Address Schell city, 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.