

Registration District No. **275**

Primary Registration District No. **3053**

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town Polla  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
McFarland Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community four days  
years, months or days)

3. (a) PRINT FULL NAME Bonnie Christine Webber

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

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced child  
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased May 13 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
4 6 8 - hr. min.

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

10. Usual occupation child

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Feird Webber  
13. Birthplace Shannon Co Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Sallie R. Martin  
15. Birthplace Shannon Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Feird Webber  
(b) Address Round Springs Mo  
17. (a) burial (b) Date thereof 11/23/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. James  
18. (a) Signature of funeral director W. J. ...  
(b) Address Salem Mo  
19. (a) 11-21-1944 (b) Kellie Walker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon **101**  
(c) City or town rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. X  
(If rural, give location)  
(e) Citizen of foreign country? X (Yes or No)  
If yes, name country X **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 21  
year 1944 hour 10 minute 15A M.

21. I hereby certify that I attended the deceased from Nov. 16, 1944 to Nov. 21, 1944  
that I last saw her alive on Nov 21, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death First, second & third degree burns over entire body  
Due to accident  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
18/15  
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) Accident - 101  
(b) Date of occurrence Nov. 16, 1944  
(c) Where did injury occur? Shannon County Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? Play (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature W. J. ... (Registrar's signature)  
Address Rolla Mo Date signed 11/21/44

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

**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..... *Carl H. Spiner*.....

Licensed Embalmer No. *3370*.....

P. O. Address..... *Salem, Me.*.....

**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.**