

Registration District No. 155

Primary Registration District No. 3129

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:  
314 North Liberty  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 29 years (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Webb City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 314 North Liberty  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Nora Stapleton

3. (b) If veteran, name war no  
3. (c) Social Security No. none

4. Sex F. 5. Color or race W.  
6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife widowed  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased June 13 1888  
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 28 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name James Hudson  
13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Irene Innes  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Dau. Mrs. Sidney Roderique  
(b) Address Webb City, Mo.

17. (a) burial (b) Date thereof 1/13/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery Hedge-Lewis

18. (a) Signature of funeral director  
(b) Address Webb City, Missouri

19. (a) Jan. 13 1945 (b) Mrs. Willie Lege  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11  
year 1945 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Dec 13 1944 to Jan 11 1945  
that I last saw her alive on Jan 10 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Sennyptha Abscess (Peritonitis)  
Duration

Due to 1336

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy  
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?

While at work? (Specify type of place) (e) Means of injury 2

23. Signature [Signature] (M. D. or other)  
Address [Address] Date signed 1/11/45

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

19  
266

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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.....

Licensed Embalmer No.....

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.**