

FILED FEB 13 1945

Registration District No. 155

Primary Registration District No. 3127

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:
520 South Ball Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Webb City 6
(If outside city or town limits, write "RURAL")
(d) Street No. 520 S. Ball St 2
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country (1)

3. (a) PRINT Mrs. Emily Switzer
FULL NAME

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ed. Switzer 6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 16, 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 22 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name William Hyatt

13. Birthplace no data
(City, town, or county) (State or foreign country)

14. Maiden name no data

15. Birthplace no data
(City, town, or county) (State or foreign country)

16. (a) Informant Hus. Ed. Switzer

(b) Address Webb City, Mo.

17. (a) burial (b) Date thereof 1/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City, Mo.

19. (a) Jan. 10, 1945 Mrs. Lillie Lyle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8
year 1945 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 8 1945 to Jan 8 1945;
that I last saw h. u alive on Jan 8 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to 98%

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:

(c) 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) (c) Means of injury 2

23. Signature Dr. G. W. Cox (M.D. or other) Dr.
Address Webb City, Mo. Date signed 1-10-45

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

9
6
2

1180

45-1-113

Cox

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 E. M. Hedge

Licensed Embalmer No. 3857

P. O. Address Hedge, Plymouth

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.