

Primary Registration District No. 5655

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days)

In this community 12 days

3. (a) PRINT FULL NAME Willie Webster

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Della Webster

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased July 5th 1945
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>38</u>	<u>10</u>	<u>7</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name William A. Webster

13. Birthplace Camden County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Bell North

15. Birthplace Camden County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removed (b) Date thereof 12 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon, Mo.

18. (a) Signature of funeral director Palmer Funeral Home

(b) Address Lebanon, Mo.

19. (a) 5-17-45 (b) Andy Crawford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th
year 1945 hour 2:45 minute P M.

21. I hereby certify that I attended the deceased from May 1, 1945 to May 12, 1945
that I last saw him alive on May 12, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration About five mos.

Due to _____

Due to _____

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

Major findings: 12/20
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? _____

23. Signature U. J. F. Shaw (Specify type of place) _____ (M. D. or other) _____
While at work? _____ (e) Means of injury _____

Address Mt. Vernon, Mo. Date signed 5-12-45

RECEIVED
District Health Officer No. 6,
District File Number 545-614
Date Filed MAY 28 1945

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..... *R. A. Palmer*

Licensed Embalmer No. *1161*

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.