

FILED JAN 17 1946

Registration District No. 5064 Primary Registration District No. #5069 Registrar's No. 69

1. PLACE OF DEATH: **Barton**
 (a) County **Barton**
 (b) City or town **Lamar - Rural *Lamar Township**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Barton**
 (c) City or town **Lamar**
(If outside city or town limits, write "RURAL")
 (d) Street No. **RFD #4**
(If rural, give location)
 (e) Citizen of foreign country? 0
(Yes or No)
 If yes, name country _____

3. (a) PRINT **MARY MALINDA WEBB**
 FULL NAME
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **William Webb** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **March 16 1958**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **December** day **4th**
 year **1945** hour **6** minute **45 A.** M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
87 **8** **18** _____ hr. _____ min.

Immediate cause of death Cancer of lower Colon and rectum
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy 469

9. Birthplace **Red Oak, Iowa**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Housewife**

11. Industry or business _____
 MOTHER FATHER { 12. Name **David B. Berry**
 13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
 14. Maiden name **Catherine Hadden**
 15. Birthplace **Red Oak, Iowa**
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Perry Onstott**
 (b) Address **Lamar, Missouri. RFD #4**
 17. (a) **Burial** (b) Date thereof **Dec 6 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Devon, Kansas**

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? _____

18. (a) Signature of funeral director **KONANTZ FUNERAL HOME**
Lamar, Missouri
 (b) Address _____
 19. (a) **Dec 6 - 45** (b) **Marie Konantz**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature **C. E. Duckett** (M. D. or other) **M.D.**
 Address **Lamar Mo** Date signed **Dec 4**

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

RECEIVED

District Health Officer No. 6

District File Number 146-24

Date Filed JAN 8 1946

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 F. Manantzy

Licensed Embalmer No.

2247

P. O. Address

Lamar, Missouri

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.