S. No. 2
1—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 9 1946

State File No. 41921

Registration District No. 236 Primary Registration District No. 5819 Registrar's No. 49

1. PLACE OF DEATH:

(a) County Morgan County
(b) City or town Gravois Mills Mount Ida
(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 (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71
(c) City or town Gravois Mills 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary L. Webster
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F /
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 23 (Day) 1869 (Year)

8. AGE: Years 76 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Morgan County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER
12. Name John H. Webster
13. Birthplace (City, town, or county) Ohio / (State or foreign country)
MOTHER
14. Maiden name Olive Ann Hiffelfinger
15. Birthplace (City, town, or county) Ohio / (State or foreign country)
16. (a) Informant Earl Webster
(b) Address Gravois Mills, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 17 (Day) 45 (Year)
(c) Place: burial or cremation Versailles Cemetery
18. (a) Signature of funeral director [signature]
(b) Address Versailles, Missouri
19. (a) 12/18/1945 (Date received local registrar) (b) J. L. Washburn M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th year 1945 hour 3 minute 30 A M.
21. I hereby certify that I attended the deceased from Jan 1936 to Dec 15 1945 that I last saw her alive on Dec 14 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Caecum	1-2 yrs
Due to	
Due to	
Other conditions Chronic Nephritis + Several attacks of Cardiac decompensation (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 46	

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature J. L. Washburn (M. D. or other) MA
Address Versailles Mo Date signed 12/17/45

1661

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Officer No. 7.
District File No. 12-45-1269
Date Filed 1-8-46

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 Gene N. Bartram, Registered Apprentice No. ....., working under my personal supervision.

Signed Gene N. Bartram

Licensed Embalmer No. 4021

P. O. Address Versailles

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.