

S. No. 2
1-9-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24049**

Registration District No. **155** Primary Registration District No. **3127** Registrar's No. **102**

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:
1215 Nelson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **30 yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper** **47**
(c) City or town **Webb City** **6**
(If outside city or town limits, write "RURAL")
(d) Street No. **1215 Nelson** **2**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Etta G. Cline**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **3**
year **1946** hour **8** minute **15** A.M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Not Living**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Jan. 6 1869**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 1** to **July 3**, 19**46**
that I last saw him alive on **July 3**, 19**46**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
77 **5** **27** hr. min.

Immediate cause of death **Chronic Endocarditis**
Due to _____
Duration _____

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

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

10. Usual occupation **At Home**

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name **Ephuram Triplett**
13. Birthplace **No Data** (City, town, or county) (State or foreign country)
14. Maiden name **Mary Ann Hall**
15. Birthplace **No Data** (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
92d

16. (a) Informant **Mrs. L.R. MARTIN**
(b) Address **1215 Nelson WEBB CITY, MO**

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? _____

17. (a) **Burial** (b) Date thereof **7/5-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Osborn Memorial Cem.**

(Specify type of place) (e) Means of injury **2**
While at work? _____
Signature **Mrs. L. R. Martin** (M. E. Registrar)
Address **Webb City, Mo** Date signed **7/5/46**

18. (a) Signature of funeral director **Hedge-Lewis**
(b) Address **Webb City, MO**
19. (a) **JULY 5, 46** (b) _____
(Date received local registrar) (Registrar's signature)

137 (Licensed Embalmer's Statement on Reverse Side)

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

2023 J.E.

46-7-598

OCT 11 1954

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: *Richard Gray Lewis*

Licensed Embalmer No. *4403*

P. O. Address *Webb City*

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.