

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
612 South Kentucky
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME GEORGE FRANKLIN WEBSTER

3. (b) If veteran, name war World War 1 3. (c) Social Security No. 496-10-7278

4. Sex Male 5. Color or race White 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 November 1 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 3 26 hr. min.

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

10. Usual occupation Disability Pension

11. Industry or business _____

MOTHER, FATHER { 12. Name David F. Webster
13. Birthplace Webster Groves Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Florence Marshall
15. Birthplace Middlebury Vermont
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. G. Love
(b) Address Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-47
(Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Geo. Dillard
(b) Address Sedalia, Mo.

19. (a) 2-28-47 (Date received local registrar) (b) Betty Yeager (Registrar's signature)
(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 612 South Kentucky
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27
year 1947 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 1937 to 2-27-1947
that I last saw him alive on 2-27-1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive Heart Failure
Due to Chronic Myocarditis
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93D
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. M. Redman (M. D. or other) MD
Address Sedalia Mo Date signed 2-28-47

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

251

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-29-47

APR 18 1947

APR 2 1947

APR

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.....

Licensed Embalmer No. 3868

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.