S. No. 2
1—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1947

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 26584

Registration District No. 369 Primary Registration District No. 6252 Registrar's No. 7

**1. PLACE OF DEATH:**
(a) County: WAYNE
(b) City or town: LEEPER
(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 years, months or days)
In this community ____

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: MISSOURI (b) County: WAYNE
(c) City or town: LEEPER
(If outside city or town limits, write "RURAL")
(d) Street No. ____
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: HETTIE WEBB
3. (b) If veteran, name war ____
3. (c) Social Security No. ____

4. Sex: F. 1
5. Color or race: W.
6. (a) Single, widowed, married, divorced: M. 1
6. (b) Name of husband or wife: JOHN WEBB.
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: MAY (Month) 2 (Day) 1869 (Year)

8. AGE: Years 78 Months 4 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace: PAINT ROCK (City, town, or county) MO. (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business ____
MOTHER FATHER
12. Name: JOSH MORRIS
13. Birthplace (City, town, or county) (State or foreign country) G
14. Maiden name: RAINEY MORRIS
15. Birthplace (City, town, or county) (State or foreign country) G
16. (a) Informant: JOHN WEBB
(b) Address: LEEPER MORRIS
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JUNE 11 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: GRISSEM CEM. CARTER CO.
18. (a) Signature of funeral director: William Cooper
(b) Address: PIEDMONT MISSOURI
19. (a) Aug 9, 1947 (Date received local registrar) (b) Sure U. Pike (Registrar's signature) 2117

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JUNE day 8 year 1947 hour 5 minute 20 A.M.
21. I hereby certify that I attended the deceased from June 1, 1947, to June 8, 1947 that I last saw him alive on June 1, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Multiple Contusions + Extensive Hemorrhage

Due to ____

Due to ____

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

Major findings: Of operations ____ Of autopsy ____

Duration

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

23. Signature: F. E. Tanner (M. D. or other) ____
Address: Piedmont Mo. Date signed 6-19-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 847-1037

Date Filed 8-11-47

APR 22 1959

APR 30 1959

## 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 CODER FUNERAL HOME, Registered Apprentice No. _____, working under my personal supervision.

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.**