

S. No. 2
M-5-43
5-17-39
P. I. X36571

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED SEP 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30314**
Registrar's No. **74**

Registration District No. **27** Primary Registration District No. **5097**

1. PLACE OF DEATH:

(a) County **Bates**
(b) City or town **Rural Shawnee Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. #2, Butler, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **69 Years Bates Co., Mo.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bates**
(c) City or town **Rural Shawnee Twp.**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D. #2, Butler, Mo.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **LUTIE MATILDA PERRY WEBB**

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 **Clarence Webb** 6. (c) Age of husband or wife if alive **Dec.** years

7. Birth date of deceased **Feb. 9 1877**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	5	28	hr. _____ min.

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

10. Usual occupation **Housewife.**

11. Industry or business _____

MOTHER FATHER

12. Name **M. F. Perry**

13. Birthplace **Henry Co., Missouri** (City, town, or county) (State or foreign country)

14. Maiden name **Mary O. Waldo**

15. Birthplace **Sinclair Co, Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Hattie Thedford**

(b) Address **Rich Hill, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8-9-47** (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cemetery**

18. (a) Signature of funeral director **Booth Funeral Home**

(b) Address **Butler, Missouri**

19. (a) **8-9-47** (Date received local registrar) (b) **Frank H. Harvey** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **7**, year **1947** hour **6:00** minute **AM** 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.

Immediate cause of death **Dead on Arrival: Coronary Occlusion**

Due to _____
Due to _____ **94A**

Other conditions **found dead in bath lot** (Include pregnancy within 3 months of death)

Major findings: Of operations **no violence**

Of autopsy **None**

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 **2**

23. Signature **John G. Underwood** (M. D. or other) **Coroner**
Address **Butler, Mo.** Date signed **8-8-47**

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

RECEIVED
District Health Officer No. 7,
8-47-1108
9-23-47
Date Filed

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.....

Bennett H. Root....., Registered Apprentice No. 471
working under my personal supervision.

Signed John G. Anderson
Licensed Embalmer No. 3585
P. O. Address Butler, 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.