S. No. 2
1—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1549

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 16

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: 1329 West Crow Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community 25yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Webb City (If outside city or town limits, write "RURAL")
(d) Street No.: 330 S. Webb St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JESSIE RIGHTSELL
3. (b) If veteran, name war: no
3. (c) Social Security No.:
4. Sex: female
5. Color or race: W.
6. (a) Single, widowed, married, divorced: divorced
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December (Month) 13 (Day) 1876 (Year)

8. AGE: Years 71 Months 1 Days 5 If less than one day hr. min.

9. Birthplace: Jasper County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Kept House
11. Industry or business:
MOTHER FATHER
12. Name: R. L. Rood
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Ellen Crutcher
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. C. J. Danford (neice)
(b) Address: 1329 W. Crow Webb City, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 1/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Hope Cemetery
18. (a) Signature of funeral director: Hedge-Lewis
(b) Address: Webb City, Mo.
19. (a) JAN 22, 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18th year 1948 hour 2 minute 45 A.M.
21. I hereby certify that I attended the deceased from Dec 24, 1947, to Jan 18, 1948, that I last saw her alive on Jan 18, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: Of autopsy:

PHYSICIAN — Underline the cause of 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:
(f) Signature: [signature] (M. D. or other)
Address: Webb City, Mo Date signed 1/21/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-1-34

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 Leonard J. Lewis Jr., Registered Apprentice No. 46, working under my personal supervision.

Signed Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, Mo.

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.