

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8362

Registration District No. 114

Primary Registration District No. 4186

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Sullivan Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4.3 (Specify whether years, months or days)

3. (a) PRINT FULL NAME FREDA ESTELLA WEBB

3. (b) If veteran, name war X Y 3. (c) Social Security No. XX

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife X Y 6. (c) Age of husband or wife if alive X Y years
7. Birth date of deceased Sept. 16 1904
(Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Franklin Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation house work

11. Industry or business

12. Name John M. Webb
13. Birthplace Franklin Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Betha C. Farrell
15. Birthplace Franklin Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Eva N. Boster

(b) Address Sullivan Mo

17. (a) Burial (b) Date thereof 3-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Strain Cemetery

18. (a) Signature of funeral director E. J. Meyer

(b) Address Sullivan Mo

19. (a) 3-24-48 (b) Edwards
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin
(c) City or town Sullivan
(If outside city or town limits, write "RURAL")
(d) Street No. 302 Elm St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-23-48 day
year 12 hour 05 minute P.M.

21. I hereby certify that I attended the deceased from March 8 1948, to 3-23-48
that I last saw her alive on 3-23-48
and that death occurred on the date and hour stated above.

Immediate cause of death chronic nephritis
acute Duration 3 weeks

Due to hypertension
Due to uremia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13.0

Of autopsy

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? (Specify nature of injury)

23. Signature Ed Edwards (M. D. or other)
Address Sullivan Mo Date signed 3/24/48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/29/48

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 _____

Stanley E. Meyer, Registered Apprentice No. 209
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3385

P. O. Address New Haven, Conn.

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.