

S. No. 2
DM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Davis
State File No. 12115
Registrar's No.

FILED MAR 21 1947

Registration District No. 326 Primary Registration District No. 6120

1. PLACE OF DEATH:
(a) County Shannon
(b) City or town Bartlet
(c) Name of hospital or institution: none
(d) Length of stay: In hospital or institution 40 years
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Shannon
(c) City or town Bartlet
(d) Street No.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Julia F. Webb
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 28 year 1947 hour 12 minute P. M.
21. I hereby certify that I attended the deceased from Feb 28 1947 to Feb 28 1947
that I last saw her alive on Feb 28 1947 and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Sidney A Webb
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec 22 1856

Immediate cause of death Apoplexy
Due to age

8. AGE: Years 90 Months 2 Days 6 If less than one day hr. min.

Due to
Other conditions
Major findings: Of operations
Of autopsy

9. Birthplace MO. U
10. Usual occupation Housewife

PHYSICIAN
Underline the cause to which death should be charged statistically.
3A

MOTHER FATHER

11. Industry or business
12. Name A. Goforth
13. Birthplace unknown
14. Maiden name Bartlet Lashley
15. Birthplace Kentucky

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence Feb 28
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Jess Webb
(b) Address Bartlet Mo.
17. (a) burial (b) Date thereof 3-3-47
(c) Place: burial or cremation Birch Tree Cemetery

23. Signature R. D. Davis (M. D. or other)
Address Birch Tree Mo. Date signed 3/10/47

18. (a) Signature of funeral director J. S. Duncan
(b) Address Mountain View, Mo.
19. (a) 3/10/47 (b) Mable Bell (Registrar's signature)

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

306

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.....

Joe S. Duncan

Licensed Embalmer No. *4325*

P.O. Address *Toledo, Ohio*

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.