

REC'D MAR 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7041
 Do not use this space.

1. PLACE OF DEATH

(a) County Jasper
 (b) Township Wagon Wheel
 (c) City Carthage
 (e) Length of residence in city or town where death occurred 48 yrs. mos. ds.

Registration District No. 408
 Primary Registration District No. 5562 Registered No. _____
 (d) Street No. 1/2 mile south of Christian St on Frisco R.R.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U. S., if of foreign birth? yrs. mos. ds. Rightaway

2. PRINT FULL NAME

Hazel Roberts Webb 100
 (a) Residence, No. 711 E. 7th St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 22, 1889</u>				
7. AGE	YEARS <u>48</u>	MONTHS <u>10</u>	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at home</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. _____			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carthage Missouri</u>				
FATHER	13. NAME <u>Charles Roberts</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Indiana</u>			
MOTHER	15. MAIDEN NAME <u>Ellen Dean</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Arkansas</u>			
17. INFORMANT <u>Mrs. Charles Roberts</u> (ADDRESS) <u>711 E. 7th St. - Carthage</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cedar Hill</u> DATE <u>Feb. 5, 1938</u>				
19. FUNERAL DIRECTOR <u>Kneel Martney</u> (ADDRESS) <u>Carthage, Missouri</u>				
20. FILED <u>Feb. 4, 1938</u> <u>W.M. Howard M.D.</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 1938
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw her live on Feb. 2, 1938 Death is said to have occurred on the date stated above, at 10:00 a.m. Feb. 1, 1938
 The principal cause of death and related causes of importance were as follows:

Coronary Hemorrhage
8241
 Date of onset _____

Other contributory causes of importance:

Alcohol over stimulation

Name of operation Postmortem Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) H. Winchester Conover, M. D.
 (Address) Jasper, Mo.

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(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Emma R. Stuebel, Licensed Embalmer No. 391

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Emma R. Stuebel

Licensed Embalmer No.

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.)