

23rd MAY 19 1939

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

14959
Do not use this space.

1. PLACE OF DEATH

(a) County Henry 2 Registration District No. 347
(b) Township _____ Primary Registration District No. 3018 Registered No. _____
(c) City Clinton (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Vina Webster

(a) Residence, No. County Home 6 yrs 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. About 68
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. unknown
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) unknown 9

FATHER 13. NAME unknown 7

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 7

MOTHER 15. MAIDEN NAME unknown 7

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 7

17. INFORMANT Mr. Walter Messinger (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE April 1st 1939

19. FUNERAL DIRECTOR (NAME) H. D. Lambert (ADDRESS)

20. FILED 4-29 1939 D. B. Hampton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-30 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1939 3-30 1939

I last saw her alive on 3-30 1939 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency Date of onset Don't know
Syphilis 24 Date Don't know

Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? Clinical as there an autopsy? _____

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? _____
If so, specify _____
(Signed) J. R. Hampton 1, M. D.
(Address) Clinton mo

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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 7.

District File Number 7-39-686

Date Filed 5-4-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.