

FILED DEC 4 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38565

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Webb City, Mo.  
(c) Name of hospital or institution: 502 N. ROANE  
(d) Length of stay: In hospital or institution 30 YEARS  
In this community 30 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Webb City, Mo.  
(d) Street No. 502 N. Roane  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

Walter Eater Bender

3. (b) If veteran, name war. X

3. (c) Social Security No. X

4. Sex Female

5. Color of race White

6. (a) Single, widowed, married, divorced, or widowed

6. (b) Name of husband or wife: Widowed

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased: Aug 20 1856

(Month) (Day) (Year)

8. AGE: Years 85

Months 2

Days 27

If less than one day hr. min.

9. Birthplace: Mass

(City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business

12. Name: George Whitney  
13. Birthplace: Workman  
14. Maiden name: Mary Jane Nuttall  
15. Birthplace: Workman

16. (a) Informant: Mrs. George Whitney

(b) Address: Webb City, Mo.

17. (a) Burial (b) Date thereof: Nov 19 1941

(c) Place: burial or cremation: Mount Hope Cem

18. (a) Signature of funeral director: Webb City Mort Co

(b) Address: Webb City, Mo.

19. (a) NOV. 18: 1941 (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17 year 1941 hour 12:15 minute a. M.

21. I hereby certify that I attended the deceased from Nov 6 1941 to Nov 17 1941 that I last saw her alive on Nov 16 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Progressive Respiratory Paralysis and Circulatory Collapse  
Due to: Severity of Sequelae of Influenza

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: J. S. D.  
Of autopsy:

Duration

PHYSICIAN

Underline the cause to 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?

23. Signature: J. L. Britchett (M. D. or other)  
Address: Webb City, Mo. Date signed: 11-18-41

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

49  
6  
2

317

**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 myself

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Shytau M. Johnston  
Licensed Embalmer No. 3,922  
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.**