

JAN 13 1942

State File No.

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 370

1. PLACE OF DEATH:

(a) County Bernau
(b) City or town Nevada City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 804 E. Bernau
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 18 years (Specify whether
in this community 18 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bernau
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 804 E. Bernau
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
year 1941 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 15
1941 to Dec 15 1941
that I last saw him alive on Dec 15
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute R. hemiplegia Duration 12-15-41
Due to hypertensive heart disease 4.7 yrs
Due to arteriosclerosis 57 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: none
Of operations: none
Of autopsy: none

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?

(Specify type of place) While at work?..... (e) Means of injury.....

23. Signature Alfred V. Rapp (M. D. or other)
Address Nevada Mo Date signed 12-19-41

3. (a) PRINT FULL NAME FRANK WILLIAM WEBSTER

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex MO 5. Color or race W 6. (b) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years (Day) (Year)

7. Birth date of deceased July 25 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 20 If less than one day hr. min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name Francis M. Heberer

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Carah Elizabeth Bagby

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Francis M Webster

(b) Address 705 E. Allison, Nevada, Mo

17. (a) Burial (b) Date thereof Dec 18 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Massie Cemetery

18. (a) Signature of funeral director Felix Funeral Home
(b) Address Nevada, Missouri

19. (a) 12-29-41 (b) Allen V. Rapp
(Date received local registrar) (Registrar's signature)

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

2
-41
-39
(28390)

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2103

Date Filed 1-6-42

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.....

Lloyd R. Winwood

Licensed Embalmer No. 3857

P. O. Address Nevada, 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.