

FILED FEB 10 1942

X29484

Registration District No. 40

Primary Registration District No. 4024

Registrar's No.

1. PLACE OF DEATH:

(a) County Barton  
(b) City or town Lamar  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether)  
In this community 52 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton  
(c) City or town Lamar  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah Columbia Webb

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife John Webb 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 26th, 1852  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89 8 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jenar Hylton  
13. Birthplace unknown  
14. Maiden name Sallie Pharyby  
15. Birthplace unknown

16. (a) Informant Ed Hylton

(b) Address Lamar, MO.

17. (a) Burial (b) Date thereof 1-26-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon Cemetery

18. (a) Signature of funeral director River Funeral Home

(b) Address Lamar, MO.

19. (a) 1-26-42 (b) Martha River  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25th  
year 1942 hour 9 minute 50 A. M.

21. I hereby certify that I attended the deceased from Jan. 22 1942 to Jan. 25 1942  
that I last saw her alive on Jan. 24 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cardiac De-compensation  
acute dilatation of heart  
Due to auricular Fibrillation  
Duration Jan. 20  
Jan. 22  
"-22"

Other conditions (include pregnancy within 3 months of death) 950

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Fern T. Bichel, M.D. (M. D. or other) M.D.  
Address Lamar, Mo. Date signed Jan. 26, 1942

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

6  
1  
1

1179

RECEIVED

District Health Officer No. 6,

District File Number 242-160

Date Filed FEB 5 1942

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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. 3141  
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 3141

P. O. Address Lamar 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.