No. 2
9-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 5 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5929

Registration District No. 43 Primary Registration District No. 5142 Registrar's No. 48

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Rural – Neely Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3 miles S.E. of Neelyville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: (Specify whether
In this community: 40 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Butler 12

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: 3 miles S.E. of Neelyville
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Wilhelmina Webber

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:

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

7. Birth date of deceased: May (Month) 5 (Day) 1860 (Year)

8. AGE: Years 82 Months 9 Days 7 If less than one day hr. min.

9. Birthplace: East St Louis (City, town, or county) Ill (State or foreign country)

10. Usual occupation: house wife

11. Industry or business:

FATHER
12. Name: Chris Schmidt
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Roach
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Gary Webber
(b) Address: Neelyville Mo

17. (a) Remains (Burial, cremation, or removal) (b) Date thereof: 2-13-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Bunker Hill, Ill

18. (a) Signature of funeral director: Minnie Gish
(b) Address: Naylor, Mo.

19. (a) 2-13-43 (Date received local registrar) (b) Belle Kinney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12 year 1943 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from Feb 1 1943, to Feb 11 1943, that I last saw her alive on Feb 9 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes	
Due to	
Due to	
Other conditions: Senility (Include pregnancy within 3 months of death)	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: J J Farr (M. D. or other)

Address: Neelyville Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 243-274
Date Filed 3-3-43

MAR 5 1943

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 L. C. McCord

Licensed Embalmer No. 4079

P. O. Address Naylor Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.