S. No. 2
M—2/3
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34542

FILED NOV 8 1943

Registration District No. 97

Primary Registration District No. 5356

Registrar's No. 25

1. PLACE OF DEATH:

(a) County DALAS

(b) City or town WILSON TWP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. I. Long Lane 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 4 wks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County CAMDENTON 15

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

(d) Street No. DECAUTERVILLE Mo
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME LUCINDA WEBSTER

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JAS. H. WEBSTER 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased MAR (Month) 20 (Day) 1875 (Year)

8. AGE: Years 68 Months 6 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace CAMDEN Co (City, town, or county) MO (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business ____

FATHER
12. Name W. J. McGUIRE
13. Birthplace ____ (City, town, or county) US 1 (State or foreign country)

MOTHER
14. Maiden name SARAH CAVINIS
15. Birthplace ____ (City, town, or county) US 1 (State or foreign country)

16. (a) Informant J. H. WEBSTER
(b) Address DECAUTERVILLE Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10 (Month) 22 (Day) 43 (Year)
(c) Place: burial or cremation ZION CEM

18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO

19. (a) Oct 20-1943 (Date received local registrar) (b) Mrs A D Hoover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 19 year 1943 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from 9-15-43, 19__, to Oct 19, 1943 that I last saw her alive on 9-15-43, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Kidney — Duration 2 yrs

Due to ____

Due to 52a

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

Major findings:
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 G. C. Plummer (M. D. or other) MD

Address Buffalo Mo Date signed ____

11 2 4

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health [illegible] No. 1,
District File Number 10-43-1068
Date Filed 11-5-43

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 D A Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon 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.