No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4863

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 79

1. PLACE OF DEATH:

(a) County: Cape Girardeau

(b) City or town: Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Boundary Street (R. 2, Box 20) (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---------- (Specify whether years, months or days) In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cape Girardeau

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

(d) Street No.: Boundary St. (R. 2, Box 20) (If rural, give location)

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

3. (a) PRINT FULL NAME: Fannie Webster

3. (b) If veteran, name war: --------

3. (c) Social Security No.: --------

4. Sex: Female

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Will Webster

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

7. Birth date of deceased: April 22, 1889 (Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 13 If less than one day ___ hr. ___ min.

9. Birthplace: Murray County, Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation: Restaurant Owner and Operator

11. Industry or business: Restaurant

FATHER
12. Name: Houston Booker
13. Birthplace: Murray County, Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ada Mays
15. Birthplace: Murray County, Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Hannah Williams

(b) Address: Cape Girardeau, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: March 1, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Columbia, Tenn.

18. (a) Signature of funeral director: F. L. Sparks

(b) Address: Cape Girardeau, Mo.

19. (a) 2-28-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25 year 1946 hour 8:00 minute P.M.

21. I hereby certify that I attended the deceased from February 13, 1946 to Feb 25, 1946 that I last saw her alive on February 25, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	12
Due to	
Due to	
Other conditions: none (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: [illegible] (M. D. or other)

Address: 131 N. Elliott Cape Girardeau Date signed 2-28-46

44 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 346-1808

Date Filed 3-6-46

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 Frank Sparks

Licensed Embalmer No. 3805

P. O. Address Cape Girardeau

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.

No. 2B
—3-45
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Mar.

Registration District No. 5-3 Primary Registration District No. (3010) Registrar's No.

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau in city limits
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Boundary St. Route 2 Box 20
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Fannie Webster

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race B

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Apr (Month) 22 (Day) 1889 (Year)

8. AGE: Years 56 Months 8 Days 3 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

MOTHER

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 25 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions
(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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

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

3863

4863