

8-43
17-39
K37823

FILED JUN 10 1946

State File No. _____

Registration District No. 227

Primary Registration District No. 4339

Registrar's No. 21

1. PLACE OF DEATH:

(a) County MONROE

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

(c) Name of hospital or institution: MILL ST. 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE ⁶⁹

(c) City or town PARIS ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. MILL ST. ⁰
(If rural, give location) ⁰

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

If yes, name country _____

3. (a) PRINT FULL NAME ANNA MAE WEBSTER

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 30
year 1946 hour 12 minute 25 P. M.

21. I hereby certify that I attended the deceased from 4-19-46
to April -30, 1946

4. Sex FEMALE ³ 5. Color or race NEGRO

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

6. (b) Name of husband or wife OLIVER WEBSTER

6. (c) Age of husband or wife if alive ✓ years 1880

7. Birth date of deceased AUG 4
(Month) (Day) (Year)

that I last saw OC alive on April -30, 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>8</u>	<u>26</u>	hr. _____ min. _____

Immediate cause of death
Cardiac and respiratory failure

Due to Tumor mass in abdomen

Due to a stomach tumor or splenic tumor

9. Birthplace MONROE CO. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

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

Major Abdominal Operations Hard mass just below sternum

of autopsy NO

11. Industry or business _____

12. Name HENRY SHOTRIDGE

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

14. Maiden name LETHA McBRIDE

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

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? _____

16. (a) Informant HELEN M. SMITH

(b) Address PARIS, MO.

17. (a) BURIAL (b) Date thereof MAY 3 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE SPEED-BLACKY

18. (c) Signature of funeral director Albert Baker

(b) Address PARIS, MISSOURI

19. (a) MAY 12 1946 (b) Albert Baker
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Nellis S. Christman
(M. D. or other)

Address PARIS, MO. Date signed 5-1-46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 6-46-1122

Date Filed JUN 6 1946

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.....

Licensed Embalmer No.....

P. O. Address..... MISSOURI

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.

Registration District No. 227 Primary Registration District No. 4339

1. PLACE OF DEATH:
(a) County Maurel
(b) City or town Paris
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Anna M. 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 _____
7. Birth date of deceased Aug 7
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 15-1-46 (b) Edward Baker
(Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____
to _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____ (c) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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

17401