

No. 2
1-4-41
5-17-39
I X28390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20957

State File No. _____

FILED 1116 9 1946

Registration District No. _____

Primary Registration District No. 5779

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Miller Rural Township

(b) City or town Bedon

(c) Name of hospital or institution:
Hwy. 54 9 mi So. of Bedon
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kans (b) County _____

(c) City or town Manhattan
(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 Alberta Viola Webber

3. (b) If veteran, name war N

3. (c) Social Security No. 170

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1946 hour 9 minute 30 A.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.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Raymond Webber

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased: April 26 1918
(Month) (Day) (Year)

Immediate cause of death Accidental Causes
Broken neck
Auto collision

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

8. AGE: Years 28 Months 2 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Walter T. Ebaugh

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

14. Maiden name Eva R. White

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

16. (a) Informant Mrs. Carl Parks

(b) Address Rt. 3 Manhattan, Kan

17. (a) Removal (b) Date thereof to 20 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Manhattan, Mo.

18. (a) Signature of funeral director Eldon Missouri

(b) Address _____

19. (a) 6-20-46 (b) Alveretta Hall
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence June 19, 1946 9:30 A.M.

(c) Where did injury occur? Bedon Miller Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Hwy. 54 9 mi South of Bedon
(Specify type of place)

While at work? _____ (Means of injury)

Signature E M Keith Jr (Name of other _____)
Address Bedon Mo Date signed _____

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

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 7-2-46

MAY 14 1947

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.....

Louis D. Phillipis Registered Apprentice No.....
working under my personal supervision.

Signed Louis D. Phillipis
Licensed Embalmer No. 3669

P. O. Address Eden

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. 212

Primary Registration District No. 5779

1. PLACE OF DEATH: Miller

(a) County: Miller

(b) City or town: Rural
(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

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: Alberta V. Weber

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, year 1946, hour 11 minute 19 M.

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: April 26
(Month) (Day) (Year)

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

8. AGE: Years 28 Months _____ Days _____ (If less than one day) _____ hr. _____ min.

Due to Collision of auto

Due to Wet pavement

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

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

10. Usual occupation: _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Major findings: Of operations _____

11. Industry or business: _____

Of autopsy 1700

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) _____ (b) _____
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Do not remember

(c) Where did injury occur? 2 mi North Dagnell Mo
(City or town) (County) (State)

(d) Did injury occur in, or about, home, on farm, in industrial place, in public place?
On Highway No 54
(Specify type of place)

While at work? No (e) Means of injury Collision

23. Signature: Edou (M. D. or other)
Address: _____ Date signed 7-12-46

194828 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

PHYSICIAN
Underline the cause to which death should be charged statistically.

MAY 14 1969

MAY 12 1969

20957