

No. 2
2-45
17-39
X47070

FILED APR 21 1947

Registration District No. 283

Primary Registration District No. 5655

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
(Specify whether years, months or days) 20 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Lilbourn
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Vetress Webster

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Aug. 4, 1930
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>16</u>	<u>7</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace Bird's Mill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

MOTHER, FATHER

12. Name Clare Webster

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

14. Maiden name Ira Cassel

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof Mar 14-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lilbourn, Mo

18. (a) Signature of funeral director H. D. Fossett

(b) Address Mt Vernon Mo

19. (a) 4-2-47 (b) ER Lilbourn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1947 hour 9:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Feb. 22, 1947 to March 14, 1947
that I last saw h. er alive on March 14, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Far advanced pulmonary tuberculosis Abt.

Duration 5 months.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature G. T. Laykawa (M. D. or other) MD

Address Mt. Vernon, Mo Date signed 3-14-47

RECEIVED
District Health Officer No. 6;
District File Number 447-435
Date Filed APR 16 1947

MAY 2 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed May G. Fossett
Licensed Embalmer No. 4252
P. O. Address Mr. Vernon

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.