

FILED AUG 11 1947

Registration District No. _____ Primary Registration District No. **1000**

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

1. PLACE OF DEATH:
 (a) County **Buchanan**
 (b) City or town **Springfield**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
State Hospital # 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 yr 2 mos 10 day**
 In this community **1 yr 2 mos 10 day**
 Specify whether years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Holt**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Forest City**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **George Horace Webster**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **none**
4. Sex **Male** **5. Color or race** **White**
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 **2 29 1890**
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **8** day **3**
 year **1947** hour **7** minute **25** a.m.
21. I hereby certify that I attended the deceased from
8-2, 1947 to **8-3**, 1947
 that I last saw him alive on **8-2**, 1947
 and that death occurred on the date and hour stated above

8. AGE:	Years	Months	Days	If less than one day
✓	57	5	4	hr. _____ min. _____

Immediate cause of death **Hypostatic pneumonia**
 Due to **meningococcal septicaemia**
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

MOTHER FATHER

9. Birthplace: _____ (City, town, or county) **Mo 6** (State or foreign country)
10. Usual occupation **Farmer**
11. Industry or business _____
12. Name **Horace Webster**
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name **Mary Fletcher**
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)
16. (a) Informant **Mrs. Jimmie V. Vothert**
(b) Address **Main St. City Mo**
17. (a) Burial, cremation, or removal **burial** **(b) Date thereof** **8 6 1947**
 (Month) (Day) (Year)
(c) Place: burial or cremation **Cappan Mo.**
18. (a) Signature of funeral director **Wm. Campbell**
(b) Address **Main St. City Mo.**
19. (a) 8-4-47 **(b) G. H. Jenkins**
 (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) _____
(b) Date of occurrence _____
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 **George H. Jenkins** (M.D. or other) **8/3/47**
Address **State Hospital** **Date signed** _____

Duration **2 days**
1 yr
PHYSICIAN
 Underline the cause to which death should be charged statistically.

061.02

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. 1824
P. O. Address.....

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..