

FILED AUG 19 1947

State File No.

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 152

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
72 East Arrow
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community All his life
years, months or days)

3. (a) PRINT FULL NAME Guy Davis Webster

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Emma Webster 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased April 2.05, 1881.
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Saline County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Cigars & tobacco

MOTHER FATHER { 12. Name John Frank Webster
13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Nora Elizabeth Brown
15. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. B. R. Webster
(b) Address 769 East Eastwood

17. (a) Burial (b) Date thereof July 22, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Campbell-Rose

(b) Address Marshall, Mo.

19. (a) July 27-1947 (b) Didney T. Gray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")
(d) Street No. 769 East Eastwood 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th
year 1947 hour 7:00 minute 30th - M.

21. I hereby certify that I attended the deceased from investigated July 19, 1947
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration _____

Due to _____
Due to _____

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

Major findings: Of operations None OF PHYSICIAN
Of autopsy None 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? Yes

(Specify type of place) While at work? _____ (c) Means of injury Saline Co.

23. Signature P. L. Lawless Croner (M. D. or other) _____
Address Marshall Mo. Date signed 7.24.47

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 8-18-47

BY 61 3 NYC
JAN 3 1948
JAN 10 1948

2/27

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 A. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall Mo

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.