

FILED JAN 8 1948

Registration District No. 141

Primary Registration District No. 5550

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County Haskell

(b) City or town Leata
(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 years, months or days)

In this community 63 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Haskell - 46

(c) City or town Leata
(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 Mary Catherine Webb.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, divorced, Widowed

6. (b) Name of husband or wife Dr. Franklin Webb.

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

7. Birth date of deceased Feb. 27, 1858
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18
year 1947 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from 12-14-47 to 12-18-47, 1947
that I last saw her alive on 12-17, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Flu

Due to _____

Due to _____

8. AGE: Years 89 Months 9 Days 21
If less than one day hr. _____ min. _____

9. Birthplace Clinton Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

12. Name Henderson Loy

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

14. Maiden name Mary Catherine Stout

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

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.

16. (a) Informant Mrs. J. A. Dada

(b) Address Wood, Mo.

17. (a) Burial (b) Date thereof 12-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willow Grove Cemetery

18. (a) Signature of funeral director W. J. ...

(b) Address Salina, Mo.

19. (a) 12-26-47 (b) Beatrice Cook
(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 _____

(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. E. ... (M. D. _____)

Address Viola, Mo. Date signed 12-23-47

RECEIVED

District _____ Officer No. 5,

District # _____

Date Filed _____

1487
1-7-78

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 J. H. Best

Licensed Embalmer No. 659

P. O. Address Lebanon, Ark.

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.