

5-43
7-39
X36671

FILED MAR 13 1948

Registration District No. **64**

Primary Registration District No. **4110**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **Chariton**
(b) City or town **Salisbury mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **all** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Daney Belle Webster**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased **Oct 11 - 1867**
(Month) (Day) (Year)

8. AGE: Years **80** Months **3** Days **29** If less than one day _____ hr. _____ min.

9. Birthplace **MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Wm Lee**

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

14. Maiden name **Mary Everhardt**

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

16. (a) Informant **Mrs Geo Scott**

(b) Address **Salisbury Mo**

17. (a) **Burial** (b) Date thereof **2 12 48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Prarie Hill, Mo**

18. (a) Signature of funeral director **Geo Winkelmeyer**

(b) Address **Salisbury Mo**

19. (a) **2-13-48** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Chariton**
(c) City or town **Salisbury**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **10**
year **1948** hour **1** minute **25 P. M.**

21. I hereby certify that I attended the deceased from **May 23**, 19 **47** to **Feb 10**, 19 **48**; that I last saw her alive on **Feb 8**, 19 **48**; and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia of coronary** Duration **3 yrs.**

Due to _____

Due to _____

Other conditions **Cerebral sclerosis** (Includes pregnancy within 3 months of death) **Sign**

Major findings: Of operations _____

Of autopsy **4877**

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) (c) Means of injury _____

23. Signature **[Signature]** (M. D. or other) **M.D.**
Address **Salisbury Mo** Date signed **2-13-48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-12-48

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.....

Chas B Winkelmeyer

Licensed Embalmer No.

3842

P. O. Address.....

Salisbury 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.