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3906

State File No. _____

Registration District No. 28

Primary Registration District No. 4160

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Winston Mo
(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 Life Time

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DAVIESS 31

(c) City or town WINSTON
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EVELINE WEBB

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife _____

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

7. Birth date of deceased FEB 4 1973
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>0</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name JOHN T. REID

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

14. Maiden name LUCK JOY

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

16. (a) Informant Minnie Webb

(b) Address 200 Angeles Blvd

17. (a) BURIAL (b) Date thereof FEB 16 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Luke's

18. (a) Signature of funeral director Ray A. Stroup

(b) Address Winston, Mo

19. (a) 25 - Feb 1948 (b) Regina M. Langbehn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12
year 1948 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from now 1945 to Feb 13 1948
that I last saw her alive on Feb 11 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 10 days

Due to Hypertension Several years

Due to _____

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

Major findings: Of operations JA

Of autopsy _____

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 0

23. Signature Frank Wilson (M. D. or other) _____

Address Winston Date signed Feb 12 1948

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

working under my personal supervision.

..... Registered Apprentice No.

Signed *L. D. Richerson*.....

..... Licensed Embalmer No. *3302*.....

..... P. O. Address *Gallatin, 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.