

FILED FEB 18 1948

Registration District No. 366

Primary Registration District No. 4536

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Pateau
(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 _____ (Specify whether _____)

In this community Yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

(c) City or town Pateau
(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 Delphia Ann Webb

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29
year 1948 hour 10 minute 50 A.M.

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Sept 2 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1947 to Jan 29 1948
that I last saw her alive on Jan 28 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>75</u>	<u>4</u>	<u>27</u>	hr. _____ min. _____
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Immediate cause of death Coronary Occlusion.

Due to Hypertension

Due to Arterio sclerosis.

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

9. Birthplace Washington Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business None

12. Name Selston Hallingsworth

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

14. Maiden name Edith Wilson

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

Major findings:
Of operations 94A

Of autopsy _____

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

16. (a) Informant Delphia Webb
(b) Address 9310 Rambler Pateau Mo.

17. (a) Burial (b) Date thereof 1-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Near Shurley Mo.

18. (a) Signature of funeral director Miss Edith Sparks
(b) Address Pateau Mo.

19. (a) 2/14/48 (b) Helmut Ruda
(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) (a) Means of injury _____

23. Signature Joseph L. Plummer (M. D. or other) _____
Address Pateau, Mo. Date signed 2-12-48

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

10
1
0

RECEIVED

District Health Officer No. 4
District File Number 248-239
Date Filed 2-17-48

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.....

Licensed Embalmer No. 4236

P. O. Address..... Hot River 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.