

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAY 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1113 W. Daugherty
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 1113 W. Daugherty
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

49
6
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0

3. (a) PRINT FULL NAME Mrs. Martha Stinnett

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife widowed 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased January 1854
(Month) (Day) (Year)

8. AGE: Years 94 Months 3 Days 11 If less than one day
hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name G. D. Todd

13. Birthplace Platte County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Muir

15. Birthplace Franklin County Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Dau. Mayme Stinnett

(b) Address Webb City, Mo.

17. (a) burial (b) Date thereof 5/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City, Mo.

19. (a) MAY 8; 1948 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1948 hour 10:15 minute A. M.

21. I hereby certify that I attended the deceased from April 30
1948 to May 3 1948
that I last saw her alive on May 3 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to _____

Due to _____

Other conditions Senile Dementia
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 936

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 [Signature] (M.D. or other) Da

Address Webb City, Mo Date signed 5-8-48

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

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

19
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2

MOTHER FATHER

48-5-372

Cof

PLATE 1107

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.....

Leonard J. Lewis Jr.

Registered Apprentice No. *46*

working under my personal supervision.

Signed *C. W. Helge*

Licensed Embalmer No. *2859*

P. O. Address *Webb City, 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.