

REC'D APR 21 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

11604  
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 611  
(b) Township \_\_\_\_\_ Primary Registration District No. 4365 Registered No. \_\_\_\_\_  
(c) City Seneca (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Infant son of Mrs. Mrs. Glenn Webb

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M  
4. COLOR OR RACE W  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Stillborn  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seneca, Mo.  
13. NAME Glenn Webb  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seneca, Mo.  
15. MAIDEN NAME Opal Arnold  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eldon, Mo.  
17. INFORMANT (ADDRESS) Glenn Webb, Seneca

18. BURIAL, CREMATION, OR REMOVAL PLACE Mitchell Cemetery DATE 3/12/38  
19. FUNERAL DIRECTOR (ADDRESS) Mitchell Funeral Service, Seneca, Mo.  
20. FILED Mar 20 1938 Mirle Sparlin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/11/38  
22. I HEREBY CERTIFY, That I attended deceased from 3/11/38 to 3-11-38  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
still born  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) J. B. Guemler, M. D.  
(Address) Seneca, Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, John J. Heenan, Licensed Embalmer No. 35-82  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed John J. Heenan  
Licensed Embalmer No. 35-82

**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.)**