Dr Feind

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

FILED MAR 18 1940

7743
Do not use this space.

1. PLACE OF DEATH
(a) County Phelps
(b) Township ~~Rolla~~
or
(c) City City of Rolla
(d) Street No. ..... St.
(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.

Registration District No. 677
Primary Registration District No. 4403
Registered No. 19

2. PRINT FULL NAME John Edward Webber
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charlotte Webber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 17. 1915

7. AGE: YEARS 24 | MONTHS 10 | DAYS 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Edgar Springs Mo

FATHER
13. NAME: John H. Webber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Spring Creek Mo

MOTHER
15. MAIDEN NAME: Ida Widener
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Edgar Springs Mo.

17. INFORMANT (ADDRESS): Mrs Ida Webber Rolla Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Rolla Cemetery DATE: Feb 4 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Mrs Harry McCaw Rolla Mo.

20. FILED Feb 4 1940 Jos. F. Ayers (Local Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/2, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1940 to Feb 2, 1940
I last saw him alive on 2-2-, 1940 Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis — Date of onset: yrs dmos

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Sputum + Was there an autopsy? no

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? no
If so, specify .....
(Signed) E. E. Feind, M. D.
(Address) Box 524 Rolla, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X16605

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~~.

RECEIVED
District Health Officer No. 5,
District File Number 340 324
Date Filed 3/2/60

Signed R. Z. McCaw

Licensed Embalmer No. 3953

P. O. Address Rolla

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, above space should be left blank.

No. 2B
-2-21-40
X22656

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7743

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 19

1. PLACE OF DEATH:
(a) County: Phelps
(b) City or town: City of Rolla
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Phelps
(c) City or town: Rolla, Mo.
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: John Edw Webber
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 24 Months 10 Days 17 If less than one day min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation: Rodman for U. S. Survey
11. Industry or business: Mo. Geological on the U.S.G.S.
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) April 18, 1940 (Date received local registrar) (b) Jas. F. Ayers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 12 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw him alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: E. E. Feind (M. D. or other)
Address: Rolla Mo. Date signed

SUPPLEMENTARY