

Registration District No. 810 Primary Registration District No. 4488 State File No. \_\_\_\_\_  
Registrar's No. 37

1. PLACE OF DEATH: Jefferson

(a) County \_\_\_\_\_  
(b) City or town Memphis, Mo  
(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 \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Louisa D Webb  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife John J Webb 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 25 1854  
(Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 22 hr. \_\_\_\_\_ min \_\_\_\_\_  
If less than one day

9. Birthplace Iowa City Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business \_\_\_\_\_

12. Name Christopher D Guma  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Miesner  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Webb  
(b) Address Memphis MO

17. (a) Burial (b) Date thereof July 18 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memphis Cemetery

18. (a) Signature of funeral director Gertha Baskett  
(b) Address Memphis MO 3725

19. (a) July 20 1940 (b) E. E. Tamm  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Scottard  
(c) City or town Memphis  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17  
year 1940 hour 1 minute 20 a.m.

21. I hereby certify that I attended the deceased from June 17 1937 to July 16 1940  
that I last saw him alive on July 16 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death valvular heart disease  
due to 3 years  
fractured hip

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) accident  
(b) Date of occurrence at home  
(c) Where did injury occur? home  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
home  
While at work? no (Specify type of place) (e) Means of injury fall

23. Signature A E Platter (M. D. or other) \_\_\_\_\_  
Address Memphis MO Date signed \_\_\_\_\_

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

9  
2  
3

RECEIVED

District Health Officer No. 10

District File Number 8-40-1666

Date Filed AUG 19 1940

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. 3689

working under my personal supervision.

Signed

A. C. Gerth

Licensed Embalmer No. 3689

P. O. Address Memphis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.