

FILED JAN 17 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. 3021

Registrar's No. 145

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:  
1115 W. Mineral Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 87 years  
years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Webbb City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1115 West Mineral Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME John W. Qualls

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

4. Sex Me. 5. Color or race W. 6. (a) Single, ~~widowed~~, divorced S

6. (b) Name of husband or wife Singred 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 9 1853  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>10</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation Employee

11. Industry or business M. P. Railroad

12. Name Bonie Qualls

13. Birthplace No data Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Ward

15. Birthplace no data Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Hardy Holmes

(b) Address Webb City, Missouri

17. (a) Burial (b) Date thereof 12/27/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Hedge Nelson

(b) Address Webb City, Missouri

19. (a) DEC. 30. 40 (b) P. Qualls  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24th  
year 1940 hour 7:05 minute P. M.

21. I hereby certify that I attended the deceased from Dec 15 to Dec 24 1940  
that I last saw him alive on Dec 24 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza pneumonia with

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
377  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature P. M. Stornant (M. D. or other) \_\_\_\_\_

Address Webb City Mo Date signed 12/27/40

Duration

2

with

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

19  
1  
2

41-1-24

Statement

**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.....

*E. M. Ledge*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*E. M. Ledge*

Licensed Embalmer No.....

*28579*

P. O. Address.....

*Webb, P. O. ...*

**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.**