

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 142

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin RURAL.
(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 2)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. Rt # 4
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23rd
year 1940 hour 7-30 minute 0 P. M.

21. I hereby certify that I attended the deceased from
Dec 23 1940 to Dec 23 1940;
that I last saw him alive on Dec 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death chronic
fibros myocarditis
Due to _____

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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?
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(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature R. M. Foreman (M. D. or other) _____
Address Webb City Mo Date signed 1/24/40

3. (a) PRINT FULL NAME Thomas Samuel Webb

3. (b) If veteran, name war / 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura Webb 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 18, 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Overton County, Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Solomon W. Webb

13. Birthplace Texas
(City, town, or county) (State or foreign country)

14. Maiden name Helena Harding

15. Birthplace Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Webb

(b) Address Rt # 4 Carthage

17. (a) Burial (b) Date thereof Dec 26, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harmony, Jasper Co

18. (a) Signature of funeral director Webb City, Mo

(b) Address Webb City, Mo

19. (a) DEC. 26. 40 (b) _____
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

4/1-21

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 Myself,
....., Registered Apprentice No.....
working under my personal supervision.

Signed Blayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address W. Eff. 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.