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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31757

Registration District No. 417 Primary Registration District No. 3021 Registrar's No. 84

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:
711 N. DEVON
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 MONTHS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City 6
(If outside city or town limits, write "RURAL")

(d) Street No. 711 N. Devon 2
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Floto William 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 Child

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May (Month) 11 (Day) 1941 (Year)

8. AGE: Years | Months 4 | Days 15 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Child

11. Industry or business .....

FATHER
12. Name James Webb
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Nadine Morris
15. Birthplace (City, town, or county) Kansas (State or foreign country)

16. (a) Informant James Webb
(b) Address Webb City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 29 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem

18. (a) Signature of funeral director Webb City Und Co
(b) Address Webb City Mo

19. (a) SEPT. 29; 41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1941 hour 4 minute a M.

21. I hereby certify that I attended the deceased from Sept 23 1941 to Sept 26 1941;
that I last saw him alive on Sept 26 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Malnutrition	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

158

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 Dr M S Mendenhall (M. D. or other) D.O.
Address 4th & Madison Webb City Mo Date signed Sept 29

3'1 (Licensed Embalmer's Statement on Reverse Side)

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 Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Weft City, M

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.