

Registration District No. **FILED FEB 20 1942**

Primary Registration District No. **1001**

Registrar's No. **29**

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

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **1203 Corby St.**  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution **35 years** (Specify whether years, months or days)

In this community **35 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**

(c) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1203 Corby** (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Harlen W. Webb**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Divorced**

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

6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **January 28 1886**  
(Month) (Day) (Year)

8. AGE:

|           |           |           |                      |
|-----------|-----------|-----------|----------------------|
| Years     | Months    | Days      | If less than one day |
| <b>75</b> | <b>11</b> | <b>15</b> | hr. min.             |

9. Birthplace **Jonesburg Indiana**  
(City, town or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Formerly with Erlich & Son.**

12. Name **Hanley W. Webb**

13. Birthplace **Craig Co. Virginia**  
(City, town or county) (State or foreign country)

14. Maiden name **Susanna VanHorn**

15. Birthplace **Carlton Ohio**  
(City, town or county) (State or foreign country)

16. (a) Informant **Mrs. C.W. Warner (Niece)**

(b) Address **1203 Corby**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1/16/42**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Severence, Kansas**

18. (a) Signature of funeral director **John E. Krupp**

(b) Address **6054 Pryor Ave.**

19. (a) **Jan 16-1942** (Date received local registrar) (b) **J. H. Neale**  
(Signature of Licensed Embalmer)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **12th** year **1942** hour **5:30** minute **PM**

21. I hereby certify that I attended the deceased from **11-1-** 19**41** to **1-12-** 19**42**  
that I last saw him alive on **1-9-** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **acute embolism** Duration

Due to **cerebral apoplexy**

Due to **very high blood pressure**

Other conditions **✓**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **✓**

Of autopsy **✓**

PHYSICIAN **8301**

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? **✓**

While at work? **✓** (Specify type of place) (e) Means of injury **✓**

23. Signature **B. B. Simms** (M. D. or other) Date signed **1/13/42**

Address **Gal. Co. Francis Co. Mo**

**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..... *John E. Rupp* .....

Licensed Embalmer No. .... 3986 .....

6054 Pryor Ave.,

P. O. Address... **St. Joseph, Missouri** .....

**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.**