

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 15 1942

Registration District No. 609

Primary Registration District No. 5809

Registrar's No. 74

1. PLACE OF DEATH:

(a) County: Newton

(b) City or town: Camp Crowder, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Station Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 8 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Newton

(c) City or town: Seneca  
(If outside city or town limits, write "RURAL")

(d) Street No. ....  
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country: 0

3. (a) PRINT FULL NAME: Ida May Webel

3. (b) If veteran, name war: --

3. (c) Social Security No.: --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11  
year 1942 hour 4 minute 45 A.M.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: M. J. Webel

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: May 26 1902  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....  
that I last saw him EX alive on May 31, 1942,  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>0</u>	<u>5</u>	hr. .... min.

Immediate cause of death: Pulmonary embolism

Due to: Intestinal obstruction

Duration: terminal

9. Birthplace: Lawton Oklahoma  
(City, town, or county) (State or foreign country)

10. Usual occupation: At. Home

Due to: .....

Other conditions: Thrombo phlebitis  
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business: .....

12. Name: Henry Millican

13. Birthplace: Rome Georgia  
(City, town, or county) (State or foreign country)

14. Maiden name: Adelle

15. Birthplace: Rome Georgia  
(City, town, or county) (State or foreign country)

Major findings: .....

Of operations: .....

Of autopsy: .....

PHYSICIAN: .....

Underline the cause to which death should be charged statistically.

16. (a) Informant: 1st. Lt. Magee J. Webel

(b) Address: Camp Crowder Missouri

17. (a) Burial (b) Date thereof: Neosho 2 20 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Neosho Mo

18. (a) Signature of funeral director: Carley Thompson

(b) Address: Neosho Mo

19. (a) 6-1-1942 (b) Carley Thompson  
(Date received local registrar) (Registrar's signature)

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: 9

23. Signature: W. H. Bassett, 1st Lt. (M. D. or other) MC  
Address: Sta Hosp, Camp Crowder, MO Date signed: 6/1/42

1110

(Licensed Embalmer's Statement on Reverse Side)

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

3  
0  
0

RECEIVED

District Health Officer No. 6,

District File Number 642-870

Date Filed JUN 12 1942

APR 29 1957

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.....  
working under my personal supervision.

Signed Corey Thompson  
Licensed Embalmer No. 3259  
P. O. Address Neosho 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.