V. S. No. 2
50M—9-4-41
Rev. 5-17-39
K29484

JUL 15 1942

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20258

Primary Registration District No. 1001

Registrar's No. 592

1. PLACE OF DEATH:

(a) County: Buchannan

(b) City or town: Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: About 35 Years

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No.: 712½ South 21st, Street
(If rural, give location)

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

If yes, name country: ____

3. (a) PRINT FULL NAME: Emma Webb

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

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: Negro

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

6. (b) Name of husband or wife: George Webb (Deseased)

6. (c) Age of husband or wife if alive: NO years

7. Birth date of deceased: August (Month) 12 (Day) 1856 (Year)

8. AGE: Years: 50 Months: 10 Days: 7 If less than one day: ____ hr. ____ min.

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

10. Usual occupation: Domestic Work

11. Industry or business: None

FATHER
12. Name: Lim Strother
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Emma Pullin
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Sidney Davis
(b) Address: 701 South 20th, Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 22 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland

18. (a) Signature of funeral director: Ramsey & Son
(b) Address: 1602 Messanie St.

19. (a) June 22-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 19th, year: 1942 hour: 2:15 minute: A. M.

21. I hereby certify that I attended the deceased from June 16, 1942 to June 16, 1942 and that I last saw her alive on June 15, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	4 days
Due to: Hemorrhage of brain	
Due to:	
Other conditions (Include pregnancy within 3 months of death): none	

Major findings:
Of operations: ____
Of autopsy: None made

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: Fenton Goodson (M. D. or other)
Address: 109½ West Missouri Ave. Date signed: 6/22/42

1233 (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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed I. F. Ramsey

Licensed Embalmer No. 4081

P. O. Address .....

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.