

FILED AUG 13 1942

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. 285

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution: St. Johns  
(d) Length of stay: 12 Hrs.  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper  
(c) City or town Joplin  
(d) Street No. 512 East 13th  
(e) Citizen of foreign country? No  
If yes, name country

3. (a) PRINT FULL NAME Infant Webb

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

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

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

7. Birth date of deceased July 9th 1942

8. AGE: Years Months Days If less than one day 12 hr. min.

9. Birthplace Joplin, Mo

10. Usual occupation

11. Industry or business

12. Name Ray H. Webb  
13. Birthplace Fayetteville, Ark  
14. Maiden name Ulah Peavies  
15. Birthplace Cave Springs, Ark

16. (a) Informant Ray H. Webb  
(b) Address 512 East 13th

17. (a) Burial (b) Date thereof July 10-42  
(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Parker Hunsake;r  
(b) Address 1508 Joplin St.

19. (a) 7-10-42 (b) Gestude Sudholter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th year 1942 hour 1 minute A.M.  
21. I hereby certify that I attended the deceased from July 9th 1942

that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerosis?

Due to Possible cerebral hemorrhage

Due to cerebral Pabsti Version E. Bruch

Other conditions: fluid pneumonia (Include pregnancy within 7 months prior)

Major findings: Of operations: Of autopsy: 161a

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?  
(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 A. L. Crawford (M. D. or other) Address Joplin Mo Date signed

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

MOTHER FATHER

42-7629

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..... *F. M. Jones* .....  
Licensed Embalmer No. *2319* .....  
P. O. Address..... *Joplin 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.