. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27469
27470

State File No.

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 60

1. PLACE OF DEATH:

(a) County Jasper 49
(b) City or town Webb City 6
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jane Chinn O Webb City, Mo 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 (Specify whether
In this community 1 mo - 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 49
(c) City or town Webb City 6
(If outside city or town limits, write "RURAL") 2
(d) Street No. 919 N. Main St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Maryian Dean Webb

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

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 15 (Day) 1942 (Year)

8. AGE: Years | Months 1 | Days 4 | If less than one day hr. min.

9. Birthplace Webb City (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name James Robert Webb
13. Birthplace Prosperity (City, town, or county) Mo 0 (State or foreign country)

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

16. (a) Informant James Robert Webb
(b) Address 919 N. Main St - Webb City.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-42 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Thornhill Dillon
(b) Address 4th & Wall - Joplin

19. (a) Aug. 20, 1942 (Date received local registrar) (b) Mrs. Lillie Eagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1942 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 15, 1942, to Aug 19, 1942
that I last saw him alive on Aug 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Starvation

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

158

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 0

23. Signature [illegible] (M. D. or other) DO
Address Webb City, Mo Date signed 8/24/42

1180 (Licensed Embalmer's Statement on Reverse Side)

42.8-706

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 Don Petrick

Licensed Embalmer No. 4008

P. O. Address Ogden, Utah

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.