

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21674**

X3287

FILED JUL 12 1943

Registration District No. **756**

Primary Registration District No. **2001**

Registrar's No. **340**

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

1. PLACE OF DEATH:  
 (a) County **Jasper**  
 (b) City or town **Joplin**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Freeman Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 weeks**  
 In this community **8 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Jasper**  
 (c) City or town **Joplin**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **1713 West A Street**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country **0**

3. (a) PRINT FULL NAME **Andrew Wayne Webb**  
 3. (b) If veteran, name war **\*\*\***  
 3. (c) Social Security No. **\*\*\***

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **June** day **16**  
 year **1943** hour **3** minute **0** a.m.  
 21. I hereby certify that I attended the deceased from **June 2**  
**1943** to **June 16 1943**  
 that I last saw him alive on **June 16 1943**  
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **W**  
 6. (a) Single, widowed, married, divorced **single**  
 6. (b) Name of husband or wife  
 6. (c) Age of husband or wife if alive **years**  
 7. Birth date of deceased **March 1, 1920**  
 (Month) (Day) (Year)

Immediate cause of death **heart failure,**  
 Due to **bronchial pneumonia**  
 Due to **internal injuries.**

8. AGE: Years Months Days If less than one day  
**14 3 15** hr. min.  
 9. Birthplace **Fayetteville Arkansas**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation **school student**

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations **1039**  
 Of autopsy  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 11. Industry or business  
 12. Name **James Webb**  
 13. Birthplace **Fayetteville Arkansas**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Alice Jess**  
 15. Birthplace **Fayetteville Arkansas**  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant **James Webb**  
 (b) Address **Joplin Mo.**  
 17. (a) **Buried** (b) Date thereof **6/18/43**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Fairview Cem.**  
 18. (a) Signature of funeral director **Hurlbut Und. Co.**  
 (b) Address **Joplin, Mo.**  
 19. (a) **6-17-43** (b) **Gutend Sudhalter**  
 (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) **fell down a mine shaft.**  
 (b) Date of occurrence **abt. May 27 1943**  
 (c) Where did injury occur? **Joplin Mo. 122**  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**public place, (Mine shaft)**  
 (Specify type of place) (Specify nature of injury)  
 23. Signature **Arthur L. Webb** (M. D. or other) **6/9/43**  
 Address **Joplin Mo.** Date signed **6-17-43**

43-6-559

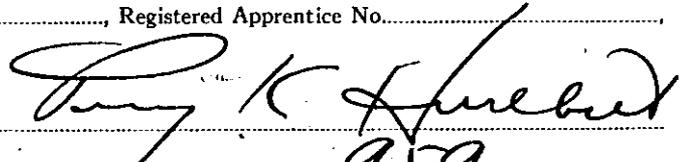
**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No..... 959

P. O. Address..... Josephine Hill

**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.**