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ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3077

Registration District No. 143 Primary Registration District No. 5559 Registrar's No. 1

1. PLACE OF DEATH:

(a) County HOWELL

(b) City or town "RURAL" HUTTON VALLEY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RURAL ROUTE 1, POMONA, MO.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO. (Specify whether
In this community 45 YEARS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL

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

(d) Street No. HUTTON VALLEY TWP.
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN HIRAM WEBB

3. (b) If veteran, name war No.

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ELLEN FRANCIS WEBB

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased APRIL (Month) 23, (Day) 1867 (Year)

8. AGE: Years 76 Months 8 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace PHELPS, CO., (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name J. WILLIAM WEBB
13. Birthplace (City, town, or county) TENN. (State or foreign country)

MOTHER
14. Maiden name MARY ANN MILLER
15. Birthplace (City, town, or county) TENN. (State or foreign country)

16. (a) Informant MRS. J. H. WEBB.
(b) Address POMONA, MO. ROUTE 1

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 7, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation LOST CAMP CEM. HUTTON VALLEY TWP. HOWELL CO.

18. (a) Signature of funeral director Hal Thornburgh
(b) Address WEST PLAINS, MO.

19. (a) 1-12-44 (Date received local registrar) (b) Nanette Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 5, year 1944 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from 1-15, 1943, to 1-5-, 1944; that I last saw him alive on August 15, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Mouth (left lower gum)	1½ yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

45c

Major findings:
Of operations Carcinoma
Of autopsy

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 C. F. Callihan (M. D. ~~or other~~)
Address Willow Springs, Mo. Date signed 1-10-44

(Licensed Embalmer's Statement on Reverse Side)

CEIVED
strict Health Officer No. 5,
istrict File Number 244151
Date Filed 9.10.44

JUL 1 1

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 Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.