S. No. 2
0M—2-43
v. 5-17-39
I X35097

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 27584

FILED AUG 22 1945

Registration District No. _____ Primary Registration District No. 4241 Registrar's No. 13

**1. PLACE OF DEATH:**
(a) County: Jackson
(b) City or town: Oak Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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: 81 yrs

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Mo (b) County: Jackson
(c) City or town: Oak Grove
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Wm. C. Webb

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Elizabeth

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: Aug. (Month) 2 (Day) 1863 (Year)

8. AGE: Years 81 | Months 11 | Days 21 | If less than one day _____ hr. _____ min.

9. Birthplace: Oak Grove (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business: _____

MOTHER FATHER

12. Name: James H. Webb

13. Birthplace: Jackson Co. (City, town, or county) Mo (State or foreign country)

14. Maiden name: Owings

15. Birthplace: _____ (City, town, or county) Ky (State or foreign country)

16. (a) Informant: Mrs Elizabeth Webb

(b) Address: Oak Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-27-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Oakland Cem. Oak Grove Mo

18. (a) Signature of funeral director: Mrs G. B. Webb Son

(b) Address: Oak Grove Mo

19. (a) 8-6-1945 (Date received local registrar) (b) Mrs Jessie M. Histand (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 7 day 23 year 45 hour 10 minute — P.M.

21. I hereby certify that I attended the deceased from 7-20, 1945, to 7-27, 1945; that I last saw him alive on 7-23, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration: 48 hr

Due to: —

Due to: —

Other conditions (Include pregnancy within 3 months of death): —

Major findings: Of operations: none

Of autopsy: none

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? _____
While at work? _____ (Specify type of place) (e) Means of injury: —

23. Signature: [illegible] (M. D. or other)
Address: Oak Grove Mo Date signed: 7-6-45

1560 (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.....R B Webb.....

Licensed Embalmer No.....2353.....

P. O. Address.....Blue spring 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.**