

S. No. 2
M-5-43
7. 5-17-39
I. X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32947

Registration District No. 149 Primary Registration District No. 1002 State File No. _____ Registrar's No. 4182

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kennett City
(c) Name of hospital or institution: 1224 Linwood
(d) Length of stay: In hospital or institution 10 years
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kennett City
(d) Street No. 1224 Linwood Blvd. Apt 602
(e) Citizen of foreign country? Yes

3. (a) PRINT FULL NAME Lorena Jane Webb
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife George W. Webb
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 22 1956

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>6</u>	<u>17</u>	hr. min.

9. Birthplace Savannah (City, town, or county) Miss. 1 (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business _____

12. Name Richard Jackson

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Robinson

15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant C. V. Earle
(b) Address 1224 Linwood Apt 602

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-45
(c) Place: burial or cremation Memorial Cem. Atguy

18. (a) Signature of funeral director Mrs. C. P. Foster
(b) Address 918-920 Brooklyn

19. (a) 10-10-45 (Date received local registrar) (b) Thelma Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 9 year 1945 hour 8 minute 20 AM
21. I hereby certify that I attended the deceased from Sept 1 to 10-9-45
that I last saw her alive on Sept 8 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis
bronchial pneumonia
Due to _____

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: 127K
Of operations _____
Of autopsy _____

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? _____

(a) Signature R. Johnson (M. D. or other) _____
Address 127K Date signed 10-10-45

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

Lorena Jane Webb, 22. Pl. 11/7/45

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 *Wm K Jackson*
Licensed Embalmer No. *3954*
P. O. Address. *NC 520*

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.