S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41855

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 16

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 408 Rock St. 1
(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 many years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 2
(If outside city or town limits write "RURAL")
(d) Street No. 408 Rock St. 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ___

3. (a) PRINT FULL NAME JAMES Roy WEBB
3. (b) If veteran, name war World War I
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 Jessie Webb
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased August (Month) 19 (Day) 1881 (Year)

8. AGE: Years 64 Months 4 Days 11 If less than one day — hr. — min.

9. Birthplace Canton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business ___
MOTHER FATHER
12. Name John Webb
13. Birthplace Spalding (City, town, or county) Missouri (State or foreign country)
14. Maiden name Elizabeth Higdon
15. Birthplace Spalding (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Jessie Webb
(b) Address 408 Rock, Hannibal, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3 (Month) 1946 (Year)
(c) Place: burial or cremation Grand View Burial Park
18. (a) Signature of funeral director Roy P. Schwartz
(b) Address 100 Bdwy., Hannibal, Mo.
19. (a) 1-9-46 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30 year 1945 hour 2 minute 10 A.M.
21. I hereby certify that I attended the deceased from Dec. 26, 1945 to Dec. 29, 1945 that I last saw him alive on Dec. 29, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Bronchitis with Cardiac failure	4 days
Due to	
Due to	

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations ___
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 E. R. Motley (M. D.)
Address Hannibal, Mo. Date signed 1-1-46

1344

(Licensed Embalmer's Statement on Reverse Side)

JAN 16 1946

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 George T. Bond

Licensed Embalmer No. 4373

P. O. Address Hannibal 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.