S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10201
State File No.

Registration District No. 234 Primary Registration District No. 5815 Registrar's No. 11

1. PLACE OF DEATH:
(a) County MORGAN
(b) City or town RURAL HAW CREEK TWP
(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 LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MORGAN
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 6 MI NE STOVER
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALBERT SYLVESTER WEBB
3. (b) If veteran, name war ✓
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 LIZZIE WEBB
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased NOV. (Month) 17 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	4	1	hr. min.

9. Birthplace MORGAN (City, town, or county) MO (State or foreign country)
10. Usual occupation LABORER
11. Industry or business
FATHER
12. Name HENRY WEBB
13. Birthplace MORGAN Co. (City, town, or county) MO (State or foreign country)
MOTHER
14. Maiden name AMANDA CALDWELL
15. Birthplace MORGAN Co. (City, town, or county) MO (State or foreign country)
16. (a) Informant ELMER WEBB
(b) Address KANSAS CITY MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-20-1946 (Month) (Day) (Year)
(c) Place: burial or cremation CHANEY CHAPEL CEM
18. (a) Signature of funeral director J. L. Stevenson
(b) Address Stover Mo
19. (a) 4-1-1946 (Date received local registrar) (b) Wm. L. Ripperger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 18th, year 1946 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Paralysis	
Due to	
Other conditions (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 Birch L. Mechum (M. D. or other) Morgan County Coroner
Address Versailles Mo Date signed 3/19/46

(Licensed Embalmer's Statement on Reverse Side)

212

3-46-286
4-4-46

Date Filed

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 J. L. Stevinson

Licensed Embalmer No. 4073

P. O. Address Stowe Vt.

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.