

FILED JUN 14 1947

Registration District No. 175

Primary Registration District No. 3036

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:
Aurora Hospital
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

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

(d) Street No. 216 E. College
(If rural, give location)

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

3. (a) PRINT FULL NAME William Chesley Webb

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1947 hour _____ minute _____ M.

4. Sex Fe / 5. Color or race Wh

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

6. (b) Name of husband or wife Leona Webb 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased October 27 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 19 to April 20, 1947.

that I last saw him alive on Apr 19, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis

Duration ?

8. AGE: Years 74 Months 5 Days 23 If less than one day
hr. _____ min. 0

Due to _____

Due to _____

9. Birthplace Newton Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Mail Carrier

Other conditions grippe
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name William Webb 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Selina J. Gotcher

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Leona Webb

(b) Address 216 E. College, Aurora, Mo.

17. (a) Burial (b) Date thereof Apr. 25, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. Ozark, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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? _____

18. (a) Signature of funeral director J. H. ...

(b) Address Aurora, Mo.

19. (a) Apr. 24, 1947 (b) Ora Mc Nett
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature R. Stovall (M. D. or other) _____
Address Aurora, Mo. Date signed 5/1/47

RECEIVED

District Health Officer No. 8,
District File Number 647-655-
Date Filed JUN 13 1947

JUN 18 1947

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.....

..... Joe H. King, Registered Apprentice No. 509
working under my personal supervision.

Signed *Joe H. King*
.....
Licensed Embalmer No. 3529

P. O. Address Aurora, 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.