

Registration District No. 150

Primary Registration District No. 5572

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Jackson Co. E Hoop. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 823 Se Japan
(If rural, give location)

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

3. (a) PRINT FULL NAME Anthony Webdell

(b) If veteran, name war None

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th
year 1947 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from 7-1-47, 19____, to 7-4-47, 19____;
that I last saw him alive on 7-4-47
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race wh.

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

6. (c) Age of husband or wife if alive 1860 years

7. Birth date of deceased (Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 5 days

8. AGE: Years 87 Months _____ Days _____ If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

9. Birthplace Shelby Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Lodge

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

Major findings:
Of operations _____

Of autopsy _____

16. (a) Informant Mrs. Luther

(b) Address Independence, Mo.

17. (a) Burial (b) Date thereof 7-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salmon River

18. (a) Signature of funeral director Geo. C. Larson

(b) Address Independence, Mo.

19. (a) 7-8-47 (b) Donald C. Carshaw
(Date received local Registrar) (Registrar's signature)

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 Stroke

Address R# 4 Independence Date signed 7-6-47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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: *Floyd C. Carson*
Licensed Embalmer No. *4199*
P. O. Address *Independence*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *gldg*
Registrar's No. *118*

Registration District No. *150*

Primary Registration District No. *5572*

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

1. PLACE OF DEATH:

(a) County *Jackson*

(b) City or town *Rural*
(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 _____)

In this community _____ (Specify whether _____)

years, months or days

3. (a) PRINT FULL NAME *Anthony Webdell*

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex *M*

5. Color of race *W*

6. (a) Single, widowed, married, divorced *S*

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years *87* Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) *Donald Eastman* _____

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *MO*

(b) County *Jackson*

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

(d) Street No. *823 S. Logan*
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATE FROM _____

20. DATE OF DEATH: Month _____ Year *94* (hour) _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19 _____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

SUPPLEMENTARY

24518