

No. 2
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5-17-39
1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22515
Registrar's No. 13

Registration District No. 80 Primary Registration District No. 4142

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Russellville Morgan
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Russellville 3
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM WEBB
(b) If veteran, name war
(c) Social Security No.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased NOV 15 1960
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
86 11 17 hr. min.

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

10. Usual occupation Ret Section Laborer

11. Industry or business
12. Name No Records
13. Birthplace No Records
(City, town, or county) (State or foreign country)
14. Maiden name No Records
15. Birthplace No Records
(City, town or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Miss Mabel Harbour
(b) Address Russellville MO
17. (a) Burial (b) Date thereof 11-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cory Cemetery

18. (a) Signature of funeral director W. Stephens
(b) Address Russellville MO
19. (a) Nov. 4 (b) Mrs. Minnie Pittman
(Date received local registrar) (Registrar's signature) 90

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2
year 1947 hour 4 minute 15 P.M.
21. I hereby certify that I attended the deceased from Jan 1946 to Nov 1947
that I last saw him alive on Nov 2 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration 1 hr
Due to Cornary Occlusion 1 hr
Due to

Other conditions (Include pregnancy within 3 months of death)
Major findings: A.H.
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 0
23. Signature E.M. Eubank (M. D. or other) MD
Address Russellville MO Date signed 11/3/47

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

Date Filed 11-18-47

District File Number _____

District Health Officer No. 9,

RECEIVED

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 *E. H. Steffens*

Licensed Embalmer No. 2307

P. O. Address Russellville, 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.