

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5877

FILED MAR 3 1948

Registration District No. 276 Primary Registration District No. 4445 Registrar's No. 4

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Rural 1/2 Mi north of Orrick
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Seventeen Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ray
(c) City or town 1/2 Mi N-of Orrick
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Thomas Webb
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 16 year 1948 hour 10 minute 10 M.
21. I hereby certify that I attended the deceased from Jan 4-48 19 to Feb 10-48 19;
that I last saw h. in alive on Feb 10-48 19;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah Webb 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 27 1861
(Month) (Day) (Year)

Immediate cause of death Cerebral apoplexy Duration _____

8. AGE: Years Months Days If less than one day
86 9 18 hr. min.

Due to Cerebral apoplexy
Due to _____

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

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 3 P
Of autopsy _____

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name David Webb
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Langford
(City, town, or county) (State or foreign country)
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Charles Webb
(b) Address Orrick, Mo.

17. (a) Burial (b) Date thereof 2-17-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery
18. (a) Signature of funeral director B. W. Good
(b) Address Orrick, Mo.
19. (a) 2/17/48 (b) Helen J. Lasker
(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 2
23. Signature G. F. Semmer (M. D. or other) A.O.
Address Arub. Mo Date signed 2-17-48

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-6-48

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 Victor E. Jimenez

Licensed Embalmer No. 2896

P. O. Address Liberty, 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.