

FILED AUG 10 1948

Registration District No. **275**Primary Registration District No. **2053**Registrar's No. **62**

1. PLACE OF DEATH:

- (a) County **Phelps**
 (b) City or town **Rolla**
 (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 **Life**
years, months or days)3. (a) PRINT FULL NAME **James Henry Webber**

3. (b) If veteran, name war **--** 3. (c) Social Security No. **498-18-1153**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **married**

6. (b) Name of husband or wife **Ida Widener Webber** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **December 23 1876**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 7 8 hr. min.

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

10. Usual occupation
- Retired**

11. Industry or business
- Constable**

12. Name
- William E. Webber**

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

14. Maiden name
- Susan A. Williams**

15. Birthplace
- Bedford County Virginia**
-
- (City, town, or county) (State or foreign country)

16. (a) Informant
- Mrs. Ida Webber**

- (b) Address
- 304 E. 12th, Rolla, Missouri**

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

- (c) Place: burial or cremation
- Rolla, Missouri**

18. (a) Signature of funeral director
- Smith-Holloway**

- (b) Address
- Rolla, Missouri**

19. (a)
- 8-2-48**
- (b)
- Madame L. Stoeck**
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **Phelps**
 (c) City or town **Rolla**
 (If outside city or town limits, write "RURAL")

- (d) Street No.
- 304 E. 12th St.**
-
- (If rural, give location)

- (e) Citizen of foreign country?
- No**
- (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **31**
 year **1948** hour **9** minute **10** A.M.

21. I hereby certify that I attended the deceased from
7-16-48 19 to **7-31-48** 19

that I last saw him alive on **7-31-48** 19
 and that death occurred on the date and hour stated above.Immediate cause of death **Paralysis** Duration _____

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 sta-
 tistically.

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
- H. H. Clausen M.D.**
- (M. D. or other)

Address **Rolla MO** Date signed **8/3/48**

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed _____

8/9/48

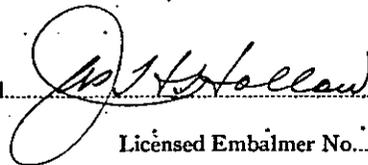
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3643

P. O. Address. Rolla, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.