

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32159

Registration District No. 43 Primary Registration District No. 3007 State File No. \_\_\_\_\_ Registrar's No. 344

1. PLACE OF DEATH:  
(a) County BUTLER  
(b) City or town POPLAR BLUFF  
(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 42 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County BUTLER  
(c) City or town POPLAR BLUFF  
(If outside city or town limits, write "RURAL")  
(d) Street No. So. C. Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

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

4. Sex MALE (1) 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife IDA ABELL WEBB  
6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased FEB 8 1882  
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 0  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace KNOXVILLE TENN  
(City, town, or county) (State or foreign country)  
10. Usual occupation RETIRED CAR CARPENTER

11. Industry or business \_\_\_\_\_  
12. Name FRANK WEBB  
13. Birthplace TENN  
(City, town, or county) (State or foreign country)  
14. Maiden name LOU CLIFT  
15. Birthplace KY  
(City, town, or county) (State or foreign country)

16. (a) Informant CALVIN WEBB  
(b) Address Gen. Del. POPLAR BLUFF MO  
17. (a) BURIAL (b) Date thereof OCT 10 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation BLACK CREEK CEM

18. (a) Signature of funeral director N.T. Phelps  
(b) Address POPLAR BLUFF MO  
19. (a) 10/16/48 (b) N. T. Phelps  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 8  
year 1948 hour 1 minute P.M.  
21. I hereby certify that I attended the deceased from 6 Oct 1948 to 8 Oct 1948  
that I last saw him alive on 6 Oct 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Due to arteriosclerosis  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations g 40  
Of autopsy \_\_\_\_\_

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 D  
Signature [Signature] (Date signed) 3 Oct 48  
Address Poplar Bluff Mo

RECEIVED

District Health Office No. 2,

District File Number 10-48-1361

Date Filed 10-19-48

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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.....

Marshall C. Blackwell....., Registered Apprentice No. 293  
working under my personal supervision.

Signed.....

N. G. J. [Signature]  
Licensed Embalmer No. 3231

P. O. Address Papua Bluff 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.