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JOHN KILLION
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 4 1948

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

37470

Registration District No. 271 Primary Registration District No. 4360 State File No. _____ Registrar's No. 36

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Portageville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
500 W. Main, St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Portageville
(If outside city or town limits, write "RURAL")
(d) Street No. 500 W. Main, St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased August 2, 1872
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 29 If less than one day hr. _____ min.

9. Birthplace Obion, Co., Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business X

12. Name Unknown 9
13. Birthplace Unknown 7
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant H. R. Wynn
(b) Address Portageville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/48
(Month) (Day) (Year)
(c) Place: burial or cremation Portageville, Mo.

18. (a) Signature of funeral director H. Smith Funeral Home
(b) Address Caruthersville, Mo.

19. (a) 11-8-48 (Date received local registrar) (b) Ellen DeLush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1, year 1948 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 12 1947 to Nov 1 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Bronchopneumonia 2da Duration
Due to Possible Ca of rectum 2 yrs

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 4/6
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? _____ (b) Means of injury? _____
23. Signature John Killion (M. D. or other) _____
Address Portageville, Mo. Date signed 11-1-48

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

2
060

RECEIVED
District Health Office No. 2
District File Number 1248-1692
Date Filed 12-2-48

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 James A. Osburn
Licensed Embalmer No. 4185
P. O. Address Greenville, 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.