

REC'D OCT 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Dr. Arthur G. Webb
32226
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 315
(b) Township Springfield Primary Registration District No. 2001 Registered No. 716
(c) City Springfield, Mo. (or Street No. 1014 e. Lynn St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1014 e. Lynn St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Hopkins (Dec)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 3 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Levas

FATHER 13. NAME Harrison Hendrick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

MOTHER 15. MAIDEN NAME Pallie Hendricks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

17. INFORMANT (ADDRESS) Mrs. Ruby Wilson (Daughter)
Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Hill DATE Sept. 25, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alma Schreyer
Springfield, Mo.

20. FILED Sept 27, 1938 Dr. A. G. Webb Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 21-1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1938, to Sept. 21, 1938

I last saw her alive on Sept. 18, 1938. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

apoplexy Date of onset 9/10/38
0502

Other contributory causes of importance:

Chronic hypertensive cardiac
vascular disease 10 yrs

Name of operation clinical Date of 10/10/38

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Arthur G. Webb, M. D.

(Signed) Arthur G. Webb, M. D.
(Address) 450 1/2 E. Condit

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death or manner should be specified. Age should be stated EXACTLY. PHYSICIANS should state

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. _____

P. O. Address _____

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, above space should be left blank.